

BOROUGH



OF POOLE

ANNUAL REPORT

of the

Medical Officer of Health

*On the Health and Sanitary Circumstances of the
Borough and Port of Poole*

FOR THE YEAR

1951

GEORGE CHESNEY, M.D., D.P.H.

Medical Officer of Health of the Borough and Port of Poole

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Public Health Department
Municipal Buildings
Poole



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PREFACE

Public Health Department,
Municipal Buildings,
Poole.

*To the Worshipful the Mayor, and Aldermen and Councillors of the Borough
and County of the Town of Poole.*

I submit for your information and consideration the report on the health and sanitary circumstances of the Borough and Port of Poole for the year 1951. This is the report of my predecessor, Dr. George Chesney, who retired on the 31st January, 1952, and it is prepared in accordance with the regulations of the Ministry of Health which prescribe the duties of the Medical Officer of Health. The form of presentation suggested in Circular 1728 of the 25th October, 1938, has been followed. The Report is divided into three parts:

PART I

- A. Statistics and Social Conditions of the Area.
- B. General Provision of Health Services for the Area.
- C. Sanitary Circumstances of the Area.
- D. Housing.
- E. Inspection and Supervision of Food.
- F. Prevalence of and Control over Infectious and Other Diseases.

PART II

The Health and Sanitary Circumstances of Poole Seaport.

PART III

The School Health Services in the Borough of Poole.

APPENDIX

Statistics of the Personal Health Services.

During 1951 the health of the Borough was quite satisfactory. The incidence of the major infectious diseases was low, and there were no deaths from diphtheria, scarlet fever, measles, or the enteric group of fevers. There were 8 cases of poliomyelitis, with no deaths.

Dr. Chesney asked me when presenting his report to express his thanks to the Chairman and members of the Public Health Committee for their kindness and consideration at all times, my fellow officers in other departments, and the staff of my department for their help and co-operation during the year. For his assistance in compiling statistics in this report, my thanks are due to the Chief Sanitary Inspector, Mr. R. Leggat, who has prepared in the main the sections dealing with Sanitary Circumstances, Housing and Food.

JAMES HUTTON,

September, 1952.

Medical Officer of Health.

COMMITTEES AND STAFF, 1951

PUBLIC HEALTH AND PORT HEALTH COMMITTEE

Chairman: Alderman D. A. HAYNES, J.P.

Vice-Chairman: Councillor F. V. CRAWSHAW

Aldermen:

S. D. BALLAM
A. B. HAYNES, J.P.

J. BRIGHT, J.P.
J. ROSS MACMAHON

Councillors:

Mrs. J. D. COLES
R. C. HART
Mrs. E. M. HICKINSON, J.P.
Miss M. M. LLEWELLIN

L. J. MATCHAN
L. S. MILLER
J. NEAL
Mrs. M. E. WALTERS

Mrs. A. WILLIS

PUBLIC HEALTH DEPARTMENT

*Medical Officer of Health
Port Medical Officer*

} GEORGE CHESNEY, M.D., B.Ch., B.A.O., D.P.H.

*Deputy Medical Officer
of Health and Deputy
Port Medical Officer*

} JAMES A. SINCLAIR, M.B., Ch.B., D.P.H.

Senior Sanitary Inspector:

ROBERT LEGGAT, Cert. as S.I. and M.I.

Sanitary Inspectors:

C. A. TRIM, Cert. as S.I. and M.I.
C. GLOVER, Cert. as S.I. and M.I.
G. H. WOODLANDS, A.M.I.S.E., Cert. as S.I. and M.I.,
resigned 31/10/51.
R. R. TUCKER, Cert. as S.I. and M.I.
F. K. W. FRANCIS, Cert. as S.I. and M.I.
R. M. IMPETT, Cert. as S.I. and M.I.

Clerks:

Miss E. I. TAPPER
MICHAEL OLD

Mrs. M. FOWLER
Miss S. MACKAY

Public Analyst: A. S. CARLOS, B.Sc., F.R.I.C., F.C.S.

Veterinary Surgeon: Lt.-Col. J. S. KINGSTON, M.B.E., M.R.C.V.S.

PART I

SECTION A

GENERAL STATISTICS

(1) Area of Borough. 15,641 acres, not including 2,220 acres of tidal waters and foreshore.

(2) Population:

(a) As at Census, 1931	...	...	...	...	57,211
(b) As estimated by Registrar-General at 30th June, 1951	...	...	...	...	83,000
(c) National Registration, 1939	...	...	...	...	77,954
(d) Census 1951. Registrar-General's Preliminary Report	...	...	...	...	82,958

(3) Total number of Inhabited Houses (from Rate Book):

As at December, 1947	...	...	...	...	22,340
As at December, 1948	...	...	...	...	22,839
As at December, 1949	...	...	...	...	23,458
As at December, 1950	...	...	...	...	23,704
As at December, 1951	...	...	...	...	24,194

(4) Rateable Value at 1st April, 1951	...	...	£682,690
Sum represented by a Penny Rate	...	...	£2,720

SOCIAL CONDITIONS AND UNEMPLOYMENT

For recent years the condition of the labour market has been as shown below:

Year	Average of Unemployment	Unemployment as at December
1944	71	100
1945	69	299
1946	246	342
1947	360	430
1948	498	685
1949	495	540
1950	437	493
1951	356	396

METEOROLOGICAL REPORT FOR 1951

I am indebted to the Borough Meteorological Observer, Mr. F. S. Middlewick, for the following meteorological data:

A general survey of the meteorological records for 1951 shows that the weather again fell far below the standard usually experienced in this part of the country. The hours of sunshine were below average and the rainfall very high; 1951, being in fact the wettest year on record.

Sunshine

Sunshine in 1951 was slightly more than in 1950, the total hours in Poole being 1,699.5 as against 1,679.9 hours in 1950. December was comparatively sunless with 51.7 hours, a daily average of 1.8 hours. June was again the sunniest month with 283.7 hours, a daily average of 9.45 hours. The longest period of sunshine was on June 2, when there were 14.5 hours.

Rainfall

The total rainfall for the year was 42.75 inches. Rainfall was heaviest in February and November; the latter month being not only the wettest month of the year, but also the wettest on record, with 9.42 inches. June was the driest month with 0.35 inches.

Temperature

The summer and winter range of temperature was 14° F., the average maximum being 58° F. and the average minimum 44° F. July was the warmest month with an average maximum temperature of 73° F. The coldest month was February with an average maximum temperature of 47° F., and an average minimum temperature of 35° F. There were 8 degrees of frost on the night of the 24th/25th October, and the maximum temperature for the year was 85° F. on July 20th.

	Average Max. Temp.	Average Min. Temp.	Rainfall	Sunshine
January	... 47	37	3.28	51.7
February	... 47	35	6.40	88.1
March	... 49	36	3.84	93.2
April	... 55	37	3.32	206.9
May	... 59	44	2.16	182.2
June	... 68	49	0.35	283.7
July	... 73	54	1.13	240.0
August	... 68	50	4.63	177.3
September	... 66	54	3.83	93.2
October	... 60	42	1.22	147.7
November	... 55	44	9.42	79.3
December	... 50	40	3.17	56.2

SUMMARY OF VITAL STATISTICS FOR THE YEAR 1951

As supplied by the Registrar General

				Total	Male	Female
Live Births						
Total registered	...	...	...	1235	627	608
Legitimate ...	...	...	...	1167	594	573
Illegitimate...	...	...	...	68	33	35
Stillbirths						
Total registered	...	...	...	18	11	7
Legitimate ...	...	...	...	17	11	6
Illegitimate	...	...	...	1	—	1
Deaths						
Total registered	...	...	...	1123	534	589
Maternal Mortality ...						
Deaths from puerperal causes :						
Puerperal sepsis	...	...	...	—	—	—
Other puerperal causes	...	...	...	—	2	2
Total	...	...	...	—	2	2
Deaths from Special Causes						
Cancer	...	...	...	152	70	82
Whooping Cough	...	...	...	2	1	1
Measles	...	...	...	Nil.	Nil.	Nil.
Scarlet Fever	...	...	...	Nil.	Nil.	Nil.
Diphtheria	...	...	...	Nil.	Nil.	Nil.
Enteritis (under 2 years of age)	...	...	...	1	1	2
Infant Mortality						
Deaths of infants under 1 year of age :						
Total registered	...	...	...	39	29	10
Legitimate	...	...	...	37	27	10
Illegitimate	...	...	...	2	2	—

	Comparative Statistics (Where available)	
	Poole	England & Wales
Birth Rate per 1,000 estimated resident population, mid-1951	14.87	15.5
Stillbirth Rate per 1,000 population ...	0.22	0.36
Death Rate per 1,000 estimated average population	13.53	12.5
Maternal Mortality Rate per 1,000 total (live and still) births		
Puerperal sepsis	Nil.	0.10
Other causes	1.59	0.64
Abortion with sepsis	Nil.	0.00
Abortion without sepsis	Nil.	0.05
Death Rate of Infants under 1 year of age		
All infants per 1,000 live births ...	31.57	29.6
Legitimate infants per 1,000 legitimate live births	31.86	—
Illegitimate infants per 1,000 illegitimate live births	29.41	—
Death Rates per 1,000 estimated average population		
Tuberculosis—pulmonary ...	0.19	} 0.38
non-pulmonary ...	0.07	
Cancer	1.83	—
Diphtheria	Nil.	Nil.
Measles	Nil.	—
Enteritis (under 2 years) per 1,000 live births	0.02	1.4

CAUSES OF DEATH DURING THE YEAR 1951

(Supplied by the Registrar General)

<i>Causes of Death</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
1. Tuberculosis, respiratory	10	6	16
2. Tuberculosis, other	1	5	6
3. Syphilitic Disease	5	2	7
4. Diphtheria	—	—	—
5. Whooping Cough	1	1	2
6. Meningococcal Infections	—	1	1
7. Acute Poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other Infective and Parasitic Diseases	1	—	1
10. Malignant Neoplasm, Stomach	6	10	16
11. Malignant Neoplasm, Lung, Bronchus	22	2	24
12. Malignant Neoplasm, Breast	—	16	16
13. Malignant Neoplasm, Uterus	—	9	9
14. Other Malignant and Lymphatic Neoplasms	42	45	87
15. Leukaemia, Aleukaemia	3	3	6
16. Diabetes	3	4	7
17. Vascular Lesions of Nervous System	47	105	152
18. Coronary Disease, Angina	85	70	155
19. Hypertension with Heart Disease	13	12	25
20. Other Heart Disease	94	123	217
21. Other Circulatory Disease	21	29	50
22. Influenza	6	9	15
23. Pneumonia	31	27	58
24. Bronchitis	30	19	49
25. Other Disease of Respiratory System	6	8	14
26. Ulcer of Stomach and Duodenum	1	4	5
27. Gastritis, Enteritis and Diarrhoea	5	2	7
28. Nephritis and Nephrosis	6	5	11
29. Hyperplasia of Prostate	13	—	13
30. Pregnancy, Childbirth, Abortion	—	2	2
31. Congenital Malformations	4	7	11
32. Other Defined and Ill-defined Diseases	57	50	107
33. Motor Vehicle Accidents	3	3	6
34. All Other Accidents	13	8	21
35. Suicide	5	2	7
36. Homicide and Operations of War	—	—	—
TOTAL	534	589	1123

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1951. Registrar General's Provisional figures based on Quarterly Returns.

	England and Wales	126 County Borough and Great Towns (including London)	148 Smaller Towns (Resi- dent Population 25,000-50,000 at 1931 Census)	London Admin. County
Births	Rates per 1,000 Home Population			
Live births	15.5	17.3	16.7	17.8
Still births	0.36	0.45	0.38	0.37
Deaths				
All Causes	12.5	13.4	12.5	13.1
Typhoid and Paratyphoid	0.00	0.00	0.00	—
Whooping Cough ...	0.01	0.01	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.31	0.37	0.31	0.38
Influenza	0.38	0.36	0.38	0.23
Smallpox	0.00	0.00	0.00	—
Acute Poliomyelitis (in- cluding Polioencephalitis)	0.00	0.01	0.01	0.00
Pneumonia	0.61	0.65	0.63	0.61
Notifications (corrected)				
Typhoid Fever	0.00	0.00	0.00	0.01
Paratyphoid Fever ...	0.02	0.03	0.02	0.01
Meningococcal Infection	0.03	0.04	0.03	0.03
Scarlet Fever	1.11	1.20	1.20	1.10
Whooping Cough ...	3.87	3.62	4.00	3.11
Diphtheria	0.02	0.02	0.03	0.01
Erysipelas	0.14	0.15	0.12	0.15
Smallpox	0.00	0.00	0.00	—
Measles	14.07	13.93	14.82	14.64
Pneumonia	0.99	1.04	0.96	0.72
Acute Poliomyelitis (in- cluding Polioencephalitis)				
Paralytic	0.03	0.03	0.03	0.02
Non-paralytic	0.02	0.02	0.03	0.02
Food Poisoning	0.13	0.15	0.08	0.23
Deaths	Rates per 1,000 Live Births			
All causes under 1 year of age	29.6	33.9	27.6	26.4
Enteritis and diarrhoea under 2 years of age ...	1.4	1.6	1.0	0.7
Notifications (corrected)	Rates per 1,000 Total (Live and Still) Births			
Puerperal fever and pyrexia	10.66	13.77	8.08	14.90

Maternal Mortality in England and Wales

<i>International List No. and Cause</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>
A.115. Sepsis of pregnancy, childbirth, and the puerperium	0.10	0
A.116. Abortion with toxæmia	0.00	
Other toxæmias of pregnancy and the puerperium	0.24	
A.117. Haemorrhage of pregnancy and childbirth	0.13	4 7
A.118. Abortion without mention of sepsis or toxæmia	0.05	
A.119. Abortion with sepsis	0.09	
A.120. Other complications of preg- nancy, childbirth and the puerperium	0.18	

VITAL STATISTICS — POOLE — 1861 to 1951

Year	Population	Infantile Mortality*	Birth Rate†	Death Rate†	* per 1,000 Births. † per 1,000 of Population. ‡ Census. § Parishes of St. James, Longfleet, Parkstone, Hamworthy. || Borough enlarged by the addition of Branksome Urban District. L Borough enlarged by the addition of Canford Magna Parish.		
					Marriage Rate †	Cancer Death Rate †	Pulmonary Tuberc. Death Rate†
1861	‡ 9759 §						
1871	‡ 10097						
1881	‡ 12156						
1891	‡ 15403	78	27.8	14.1			
1892	‡ 15887	171	29.3	20.7			
1893	‡ 16275	165	28.2	17.8			
1894	‡ 16662	91	32.2	13.7			
1895	‡ 17050	126	29.5	15.1			
1896	‡ 17438	116	31.5	14.9			
1897	‡ 17826	123	28.6	15.5			
1898	‡ 18214	145	28.5	15.3			
1899	‡ 18602	163	27.3	17.4			
1900	‡ 18991	131	27.7	15.3			
1901	‡ 19461	93	27.4	13.9			
1902	‡ 20095	110	26.7	16.4			
1903	‡ 20500	135	27.0	16.1			
1904	‡ 21142	109	27.1	17.0			
1905	‡ 21804	113	26.7	15.7			
1906	|| 32086	118	30.0	15.1	15.9	—	—
1907	‡ 32518	76	27.5	13.1	16.8	—	—
1908	‡ 33217	87	26.6	13.8	16.8	—	—
1909	‡ 33524	89	27.8	13.9	15.0	—	—
1910	‡ 34168	82	26.0	12.7	15.4	—	—
1911	‡ 38886	126	24.0	14.0	14.1	—	—
1912	‡ 40386	88	22.7	10.9	14.6	—	—
1913	‡ 41066	82	22.1	11.0	14.2	—	—
1914	‡ 41880	77	21.0	11.3	13.6	—	—
1915	‡ 42800	93	18.7	13.2	18.6	—	—
1916	‡ 42331	76	19.8	13.7	15.6	—	—
1917	‡ 42335	91	16.2	13.0	14.5	—	—
1918	‡ 43829	84	15.5	14.8	16.3	—	—
1919	‡ 41100	62	18.7	12.8	21.0	—	—
1920	‡ 43400	75	23.6	10.8	22.0	1.2	0.9
1921	‡ 43649	73.6	21.8	11.9	16.7	1.2	0.96
1922	‡ 43250	79.7	19.5	14.1	16.3	1.4	1.3
1923	‡ 43860	60	19.3	11.9	17.6	1.62	1.02
1924	‡ 45150	66.3	18.0	11.6	17.3	1.13	0.91
1925	‡ 46150	71.7	18.1	11.7	16.7	1.60	0.71
1926	‡ 49150	53.4	17.5	11.25	16.3	1.62	0.94
1927	‡ 51030	58.1	17.5	12.3	16.0	1.45	0.71
1928	‡ 52940	50.2	17.3	11.92	15.1	1.42	0.61
1929	‡ 53870	46.3	16.8	13.16	16.8	1.50	0.56
1930	‡ 56150	57.6	16.7	12.39	15.4	1.87	0.85
1931	‡ 57211	43.2	15.85	12.49	16.5	1.81	0.84
1932	‡ 58230	55.2	15.8	11.70	15.1	1.58	0.65
1933	L 63510	46.4	16.0	11.71	16.1	1.50	0.61
1934	‡ 64380	40.5	15.4	11.48	16.2	1.96	0.50
1935	‡ 65600	45.5	15.1	11.7	16.8	1.84	0.79
1936	‡ 66820	51.2	16.8	12.1	16.9	1.89	0.55
1937	‡ 67990	45.6	15.4	12.1	16.9	1.63	0.39
1938	‡ 68860	50.0	14.9	11.49	16.9	1.77	0.46
1939	‡ 69890	40.2	14.6	11.41	22.9	1.73	0.51
1940	‡ 72820	51.8	14.0	13.1	20.1	2.02	0.51
1941	‡ 69960	53.5	15.0	13.5	19.0	2.0	0.51
1942	‡ 69940	47.0	17.6	13.5	18.7	1.8	0.56
1943	‡ 68200	37.0	17.0	14.1	15.8	2.1	0.44
1944	‡ 67810	36.9	19.9	13.06	14.8	1.97	0.54
1945	‡ 69880	53.6	18.1	12.9	21.1	2.23	0.43
1946	‡ 76330	36.1	19.6	12.26	18.41	1.52	0.59
1947	‡ 78720	22.2	21.2	12.4	19.2	1.96	0.46
1948	‡ 80480	30.17	16.4	11.12	19.1	1.69	0.41
1949	‡ 81130	18.85	15.69	12.38	17.1	1.96	0.29
1950	‡ 82140	21.93	14.98	12.64	16.89	2.17	0.32
1951	‡ 83000	31.57	14.87	13.53	16.84	1.83	0.19
England & Wales 1951 43,800,000		29.6	15.5	12.5	N.A.	N.A.	N.A.

COMMENTS ON VITAL STATISTICS

Deaths

The crude death rate has fluctuated between a maximum of 20.7 per 1,000 population in 1892 and a minimum of 10.8 in 1920. In 1951 it was 13.53 per 1,000 population, but by applying the Registrar General's Comparability Factor of 0.84 it is found that the standardised death rate for Poole is 11.36. (The Comparability Factor for each district is worked out by the Registrar General, the aim being to even out differences in the age and sex distribution of the population of the various districts. The use of this factor enables us to obtain standardised death rates which are more fairly comparable and more accurate than the crude death rates.)

Birth Rate

The birth rate in 1951 was 14.87 per 1,000 population, or only 0.87 higher than the lowest figure ever recorded in Poole, of 14 per 1,000 in 1940.

In 1951 the live births exceeded the number of deaths by 112.

Infantile Mortality

The infant mortality rate in 1951 was 31.57 per 1,000 live births. This compares with the rate of 29.6 for England and Wales.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Laboratories

The Medical Research Council of the Ministry of Health directs the Public Health Laboratory Service. One of the constituent laboratories, under the direction of Dr. G. J. G. King, was located at the Municipal Buildings, Poole, until September, 1951, when it was transferred to Boscombe. This laboratory serves the area covered by Bournemouth, Poole, Christchurch, West Hants and East Dorset. During the year 1951, a total of 4,684 specimens from Poole were examined.

The laboratory undertakes the examination of specimens for the diagnosis of cases or suspected carriers of any infectious disease. It also undertakes for public health authorities the bacteriological examination of drinking and swimming-bath water and of milk, ice-cream and other foodstuffs as distributed to the public.

The bacteriologist and the medical officer of health, who is a consultant physician in infectious diseases, work together as an epidemiological team in the investigation of outbreaks of infectious disease in the area.

Ambulance Services

On the 5th July, 1948, the ambulance services of the Borough were transferred under section 27 of the National Health Service Act to the Local Health Authority—Dorset County Council. No radical change in the operation of the service was made. The Poole Section of the Ambulance Service is located at Burlea Towers, 55 Parkstone Road, Poole (Telephone Poole 294), and a day and night service is maintained. The staff, consisting of one supervisor, one deputy supervisor and eleven driver-attendants, are all experienced drivers and qualified in first-aid. Four first line ambulances, three second line ambulances and two sitting cars were in operation at the end of the year. In the Appendix is given a summary of the calls, cases and mileage from the 1st January to the 31st December, 1951.

Home Nursing

The home nursing services in the Borough were taken over (on the 5th July, 1948) by the Dorset County Nursing Association in their capacity as agents for the Dorset County Council in maintaining a Home Nursing Service. The Poole District Nursing Association ceased to exist as a separate entity, and the staff were merged with the Dorset County Nursing Association. The headquarters of the Home Nursing Service in Poole are at 464 Ashley Road, Parkstone (Telephone Parkstone 1948).

The following districts of Poole are covered by the Home Nursing Service:

Old Town, Hamworthy, Longfleet, Oakdale, Broadstone, Upper Parkstone, Central Parkstone, Lilliput, Sandbanks, Branksome and Canford Cliffs.

A total of 42,711 visits was paid during 1951, and the number of individual cases attended was 2,021.

Clinics and Treatment Centres in 1951

(a) School Clinics

67 Market Street, Old Town	Monday and Thursday, 9 a.m.
The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 9 a.m.
Hamworthy School, Blandford Road	Tuesdays, and Fridays 9-10 during school sessions
Henry Harbin School	Thursdays 11 during school sessions.
Broadstone Women's Institute	Thursdays 9-10 during school sessions.
Kemp Welch School	Wednesday 9-10 during school sessions.
Herbert Carter School	Tuesday and Fridays, 10.45 a.m.

(b) Ante-Natal and Post-Natal Clinics

67 Market Street, Old Town	Mondays, 2 p.m.	} By Appointment
The Clinic, Shillito Road, Parkstone	Fridays, 10.0 a.m.	

(c) Contraception Clinic

Burlea Towers, Parkstone Road,	Mondays, 10 a.m.	By appointment.
--------------------------------	------------------	-----------------

(d) Infant Welfare Centres

The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 2 p.m.
*67 Market Street, Old Town	Wednesday, 10.30 a.m.
*Church Hall, Creekmoor	2nd Tuesday (monthly) 2 p.m.
*Methodist Church Hall, Wallisdown	2nd and 4th Thursdays (monthly), 2 p.m.
*Methodist Schoolroom, Broadstone	2nd Thursday (monthly) 2 p.m.
*Newtown Conservative Hall, Ringwood Road	1st and 3rd Thursdays (monthly), 2 p.m.
*Village Hall, Canford Cliffs	4th Tuesday (monthly) 2 p.m.
*St. George's Hall, Oakdale	1st and 3rd Tuesdays (monthly) 2 p.m.
*Hamworthy School	2nd and 4th Wednesdays (monthly) 2 p.m.
*Longfleet Congregational Church Hall	1st and 3rd Wednesdays (monthly) 2 p.m.
*Church of Good Shepherd, Rossmore	Thursday, 10.30 a.m.
*St. John Ambulance Brigade Headquarters, 4 St. Peter's Road, Parkstone.	1st and 3rd Thursdays (monthly) 10.30 a.m.

- (e) **Diphtheria Immunisation**
The Clinic, Shillito Road, Parkstone 2nd and 4th Wednesdays (monthly)
2 p.m.
*and at the Child Welfare Centres marked * above*
- (f) **Orthopaedic Clinic**
67 Market Street, Old Town Four sessions Weekly—Physical
Medicine.
Surgeon's Clinic Monthly.
- (g) **Ophthalmic Clinic**
Torvaine, St. Peter's Road, Parkstone Three sessions weekly
- (h) **Orthoptic Clinic**
Torvaine, St. Peter's Road, Parkstone Six sessions Weekly
- (i) **Speech Therapy Clinic**
Torvaine, St. Peter's Road, Parkstone One session Weekly.
Herbert Carter School, Blandford Road, Hamworthy One session Weekly.
Henry Harbin School, Wimborne Road, Poole One session Weekly.
- (j) **Child Guidance Clinic**
Poole Clinic, 67 Market Street Two sessions Weekly.
- (k) **Asthma Clinic**
Branksome Clinic, Shillito Road, Parkstone One session Weekly.

Hospitals

Poole General Hospital, Longfleet Road,	Medical, surgical and children's beds	152
	Maternity beds	21
Alderney Infectious Diseases Hospital, Ringwood Road	Infectious disease beds ...	80
St. Mary's Hospital, St. Mary's Road	Medical beds	105
Parkstone Sanatorium, Castle Hill	Tuberculosis beds (female patients)	31

MATERNITY AND CHILD WELFARE SERVICES

Organisation

These services were transferred to the Dorset County Council, the Local Health Authority, on the 5th July, 1948, the Medical Officer of Health remaining in administrative charge as Poole Area Medical Officer. He is assisted by his Deputy and an Assistant County Medical Officer. The Nursing Services are under the general supervision of the County Nursing Superintendent, assisted by the Superintendent Health Visitor, Poole.

Ante-natal Clinics

During 1951, Ante-natal Clinics were held weekly at both Old Town and Branksome Clinics for the benefit of expectant mothers under the care of domiciliary midwives.

Post-natal Clinics

During 1951, Post-natal Clinics were held fortnightly at both Old Town and Branksome Clinics.

Maternal Mortality

There were two maternal deaths in the Borough during 1951.

Infantile Mortality

There were 1,235 live births in the Borough in 1951 and 39 deaths of infants under a year, giving an infantile mortality rate of 31.57. The rate for the country as a whole was 29.6.

Hospital Accommodation for Maternity Cases

Poole General Hospital has 21 maternity beds, a number far below that required for the population served in Poole and East Dorset. Cases in which, for social reasons, confinement cannot take place at home are referred to the Bed Service Bureau of the Hospital Management Committee for allocation of maternity beds. Cases in which there are medical reasons for a hospital confinement are referred to the General Hospital.

Diphtheria Immunization

An effort is made to ensure that all children are immunized against diphtheria before reaching the age of one year. The Local Health Authority is responsible for this service and details of the number of children immunized during the year are given in the Appendix.

Domestic Help

A Home Help Service was begun in Poole in 1945. This service became the responsibility of the Dorset County Council on the 5th July, 1948.

Day Nurseries

During the war there were three Day Nurseries in Poole. Since the 1st April, 1946, there has been only one Day Nursery in the Borough providing accommodation for 50 children between the ages of 2 and 5. Admission is limited as far as practicable to the children of widowed, single, separated or divorced women, who must work to support their children. This service has been the responsibility of the Local Health Authority, Dorset County Council, since the 5th July, 1948.

National Society for the Prevention of Cruelty to Children

The N.S.P.C.C. has a full-time Inspector for the Poole and East Dorset area. The Health Department has always found the Society's Inspector very ready to co-operate in cases of medical neglect, and most helpful in following up such cases, and in dealing with difficult and careless parents.

The Report of the Inspector on the cases dealt with by the N.S.P.C.C. during 1951 is as follows:

Cases: Neglect	...	...	82
Ill-treatment	...	...	11
Advice sought	...	...	20
			<hr/>
Total	...	...	113
			<hr/>

The number of children concerned in these cases was 253, and 489 visits of supervision were made. There was one prosecution for neglect, and one case was brought before the Juvenile Court as in need of care and protection. The children concerned were committed to the care of the Local Authority.

Nursing Homes

In 1927 the supervision of Nursing Homes was delegated by the Dorset County Council to the Poole Council. In 1949 this delegation was cancelled and the Dorset County Council resumed its duties in respect of Nursing Homes.

SECTION C
SANITARY CIRCUMSTANCES OF THE AREA
WATER SUPPLY

There are four systems of water supply in the Borough:

Poole Waterworks Undertaking.—This serves over 90 per cent. of the population.

Bournemouth and District Water Company.—This serves the parts of the Borough adjoining Bournemouth and Wimborne and supplies between 6,000 and 7,000 people.

The Canford School Supply.—This private system supplies about 600 people in Canford Magna.

Private Supplies.—Spring or well supplies in the outlying rural areas of the Borough.

Some notes on these four systems are given below:

(a) Public Water Supplies

Poole Waterworks Undertaking

The Annual Report for 1949 contained some notes on the history of the Poole Water Undertaking by the Waterworks Engineer and Manager, Mr. Richard S. Rendle, M.Inst.C.E., A.M.I.Mech.E.

The main water supply for the district is provided by the Poole Corporation Waterworks. The supply is obtained from a well 170 feet deep in the Upper Chalk at Corfe Mullen, near Poole. The water is hard, but is softened by a modern "cold lime" process, then rapid filtered and finally chloraminated to give residuals of chlorine throughout the area of supply. The quantity of water during the year has been ample for all purposes and the water supplied has maintained a high and consistent standard of purity.

During the year 128 samples of the treated water were taken from consumers' taps by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and on all occasions the water was reported as "Class I". (Ministry of Health Report No. 71 (1939) Classification). 189 samples taken by the Waterworks' Chemist during the same period were without exception within the standard of "Class I". Four complete chemical analyses made during the year by the Public Analyst were reported as satisfactory. A copy of one of these analyses is given below. Throughout the year a daily check of residual chlorine was made at all points of the area of supply, and in the control of the treatment plant samples were taken by the Waterworks Department every 6 hours.

During 1951, 53 bacteriological examinations of the raw water were made in the Waterworks Laboratory — of these:

7	samples	were	within	Class I
7	"	"	"	Class II
17	"	"	"	Class III
22	"	"	"	Class IV

B.Coli. Type I, was demonstrated in 20 of the above samples. The maximum number of coliform bacteria was in the neighbourhood of 180 per 100 ml., and invariably followed abnormal rainfall.

As the water is derived from the upper chalk, it has no plumbosolvent action.

Within the area of supply in the Borough all houses are supplied direct and none by means of standpipes. 4,162 yards of main were laid during the year and the amount of water supplied was 887.4 million gallons.

Certificate of Analysis

of a sample of water from the Poole Corporation Waterworks supply on the 19th December, 1951.

I hereby certify that I have examined the above mentioned sample with the following results:

Chemical Analysis (results expressed in parts per million)

Ammonia, free	...	...	...	...	...	0.064
" albuminoid	...	...	...	...	...	0.060
Nitrites	...	...	...	...	...	absent
Nitrates, as Nitric Nitrogen	...	...	...	...	...	2.31
Oxygen absorbed in 15 mins. at 80° F.	...	...	...	...	...	0.283
" " " 4 hrs. " "	...	...	...	...	...	0.424
Chlorine	...	...	...	...	...	28.0
Chlorine as Sodium Chloride	...	...	...	...	...	46.14
Hardness, temporary	...	...	...	...	...	97.25
" permanent	...	...	...	...	...	45.0
" total	...	...	...	...	...	142.25
Total solids	...	...	...	...	...	247.0
pH value	...	...	...	...	...	7.4
Free chlorine	...	...	...	...	...	0.01
Metals	...	...	...	...	...	slight trace of iron
Colour	...	...	...	...	...	colourless and clear
Odour	...	...	...	...	...	none

Bacteriological Examination:

Coliform Organisms grown at 37° C. in 48 hrs. per 100 c.c.	None
Total Organisms grown on Agar Agar at 37° in 48 hrs. ...	2 per ml.
Total Organisms grown on Agar Agar at 22° C. in 72 hrs.	6 per ml.

Remarks:

The above results indicate that this water is satisfactory both chemically and bacteriologically, and is eminently suitable as a Public Supply for both drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,

1st January, 1952

Public Analyst.

Bournemouth and District Water Company

On the eastern and northern boundaries of the Borough about 2,000 houses are within the supply area of the Bournemouth and District Water Company. In 1951, 33 samples of this supply were taken by the Sanitary Inspectors for bacteriological examination at the Public Health Laboratory, Poole, and all found to be of the standard of Class I.

The supply was ample throughout the year. A copy of a recent chemical analysis of this water is given below:

Certificate of Analysis

of a sample of water received on the 19th December, 1951, from Bournemouth & District Water Company.

Chemical Results in Parts per Million

Appearance — Bright with a few mineral particles.

Colour	less than 10	Turbidity	less than 3
pH	7.9	Odour	nil
Electric Conductivity	440	Free Carbon Dioxide	4
Chlorine present as Chloride	14	Alkalinity as Calcium Car-	
Hardness: Total	245	bonate	200
Carbonate	200	Total Solids	295
Non-Carbonate	45		
Nitrate Nitrogen	2.0	Nitrite Nitrogen less than	0.01
Ammoniacal Nitrogen*	0.000	Oxygen absorbed	0.80
Albuminoid Nitrogen*	0.025	Residual Chlorine	Absent
Metals	Iron: 0.03	Other metals absent.	

* To convert to Ammonia multiply by 1.21.

Bacteriological Results

Number of Colonies developing on Agar	1 day at 37°C. 3 per ml. Present in	2 days at 37°C. 4 per ml. Absent from	3 days at 20°C. 4 per ml. Probable Number
Presumptive Coli- aerogenes Reaction	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction	— ml.	100 ml.	

This sample is practically clear and bright in appearance, on the alkaline side of neutrality and free from metals apart from a negligible trace of iron. The water is hard in character but not unduly so and it contains no excess of salinity or mineral constituents in solution. It is free from noticeable colour, of very satisfactory organic quality and of the highest standard of bacterial purity.

These results are consistent with a pure and wholesome water suitable for drinking and domestic purposes.

(Signed) GORDON MILES,

Counties Public Health Laboratories, Bournemouth.

1st January, 1952.

(b) Private Water Supplies

In the northern area of the Borough a population of about 600 in Canford Magna is supplied by a private supply belonging to Canford School. The supply is taken from a steel-lined artesian borehole in the underlying chalk at Canford. The raw water, though hard, is normally of a very high standard of purity, but as a precaution, automatic chlorination is carried out before distribution.

During the year, 11 samples of the raw water from this supply were taken for bacteriological examination. Of these, 10 samples were "Class I" and 1 "Class III". The latter sample contained 3 presumptive coliform bacilli per 100 ml. with an absence of faecal coli. Repeat samples were Class I.

In the rural part of the Canford area, outside the area of the piped supplies, there are 14 houses on small private supplies, i.e., springs and wells. This is a reduction of 6 on the number in 1950. During the year, 50 samples were taken from these supplies. Of these, 28 were "Class I" (highly satisfactory), 1 was "Class 2" (satisfactory), 10 were "Class 3" (suspicious), and 11 were "Class 4" (unsatisfactory). The 11 unsatisfactory samples were obtained from three shallow wells situated in isolated areas where alternative supplies are not available.

DRAINAGE AND SEWERAGE

There are four main sewerage systems in the Borough. The principal system drains Poole, Longfleet, Parkstone and Sandbanks and discharges into the sea at Shore Road. Another major system drains Newtown, Rossmore, Wallisdown, Branksome and Canford Cliffs and discharges into the sea at Branksome Chine. At Sandbanks the outfall is 1,800 feet from the shore and at Branksome Chine 1,050 feet. At both outfalls discharge is by pumping at all tides, the sewage being treated by disintegration and chlorination carried out in the pumps on the shore end of the outfall sewers.

Two smaller areas, Broadstone and Hamworthy, are drained separately. Broadstone is drained to fairly modern sewage disposal works at Creekmoor from which the filtered effluent is discharged into Holes Bay near Fleets Bridge. Hamworthy is drained to a smaller and older disposal plant on the southern shore of Holes Bay and the filtered effluent discharged into Holes Bay.

Sewerage in the Borough is on the "separate" system, separate sewers being provided for soil and road surface water drainage. Roof and surface water drainage from individual premises is chiefly disposed of in soakaways.

The greater part of the Canford area and the western end of Hamworthy, approximately 7,000 acres in extent and mostly semi-rural in character, are unsewered and in these areas drainage is mainly by cesspools, septic tanks or small disposal plants.

Except for the sewerage of the Council's new housing estates no major works of sewerage were carried out in 1951 and the position regarding the schemes to deal with the major unsewered areas of the Borough is much the same as stated in the 1950 Annual Report.

The scheme for the construction of new sewage disposal works at Hamworthy and for the sewerage of the western part of Hamworthy was still under consideration by the Ministry of Housing and Local Government at the end of the year. Meanwhile drainage conditions in Hamworthy have steadily grown worse and the position is now that of chronic nuisance, flaring up during periods of heavy rain into conditions of potential risk to public health. In view of the rapid deterioration in the position it is hoped that the commencement of the scheme will not be delayed much longer.

Towards the end of the year the Ministry of Housing and Local Government held a Public Inquiry in connection with the scheme for the construction of new sewage disposal works at Broadstone and the sewerage of the Waterloo Housing Estate and part of Waterloo. It is hoped that work will be started on the scheme in the very near future.

Apart from the Hamworthy and Waterloo areas already mentioned, the principal unsewered areas of the Borough are the development areas of Merley, Canford Magna and Bearwood in the semi-rural district taken over from the Poole Rural District in 1933. The comments made in the Annual Report for 1950 on the conditions in these areas are still pertinent.

"The potential danger to public health from the lack of sewers in these areas has been stressed in every Annual Report since the district was taken over. In 1936 the danger materialised in the outbreak of typhoid fever which occurred in the area. The sewerage of these areas was then considered to be a matter of urgency. The danger to public health still remains and the urgency for the removal of the risk by the sewerage of the area has increased sharply with the resumption of building in the district. This is a risk which should not be carried any longer."

A scheme has been prepared to sewer these areas and to discharge the sewage into sewers to be laid by the Wimborne and Cranborne Rural District Council to discharge into the Kinson

Disposal Works of the Bournemouth Corporation. As a result of the Public Inquiry held in connection with this scheme alternative sites for disposal works are now being considered and it appears that until a decision has been reached on this no further progress can be made with the sewerage of the areas on the Poole side of the River Stour.

The joint scheme for the interception and treatment of sewage being discharged into Poole Bay from the three Boroughs has been deferred indefinitely but the Council are investigating the practicability of an independent scheme for the diversion of sewage from the Borough away from the bay for treatment elsewhere.

CLOSET ACCOMMODATION

There are 662 cesspools and 248 pail-closets in the Borough, distributed as follows:

					<i>Cesspools</i>	<i>Pail Closets</i>
Canford (development areas)	...	...	...	...	308	47
Canford (isolated houses)	...	...	...	...	102	46
Broadstone ...	...	...	...	...	12	2
Waterloo ...	...	...	...	...	85	20
Creekmoor	...	...	...	...	15	28
Hamworthy	...	...	...	...	109	66
Parkstone, etc.	...	...	...	...	31	39
					<hr/>	<hr/>
					662	248
					<hr/>	<hr/>

During 1951, 4 cesspool drainage systems were connected to the sewer. 14 new cesspools were constructed.

The Council provides a full cesspool-emptying service for the unsewered areas of the Borough. Most of the pail closets are also emptied by the Council but at a number of isolated houses in the semi-rural areas the closets have to be emptied by the occupier and the contents buried in the gardens. This practice must be condemned as likely to aid the spread of infectious disease and parasitic infestations.

Cesspools and pail closets are not only a primitive method of sanitation for a progressive urban area, they are an expensive anachronism which may at any time become a menace to public health.

PUBLIC CLEANSING

These services are carried out by the Borough Engineer's Department under the direction of the Public Health Committee. I am indebted to the Borough Engineer for the following summarised figures applicable to the year ending 31st March, 1952:

House Refuse Collection and Disposal (Combined)

Net cost	...	...	...	...	£45,025
Net cost per ton collected	...	...	...	...	£2,399
Net cost per 1,000 of population	...	...	...	...	£542.50
Net cost per 1,000 dwellings	...	...	...	...	£1,861
Cwts. collected per 1,000 population per day	...	...	...	...	12.39 cwts.
Tonnage of refuse collected for year	...	...	...	...	18,764 tons

Street Cleaning and Gulley Cleaning

Total mileage of roads cleaned	...	...	...	...	134.8 miles
Net cost per mile	...	...	...	...	£151.98
Net cost per 1,000 of population	...	...	...	...	£246.83

RIVERS AND STREAMS

The Canford area contains a number of watercourses and streams, which flow through unsewered development areas and then through dairy farm areas to the River Stour.

The River Stour forms the northern boundary of this area. The river is known to be subject to pollution but there is no known source of pollution on the Poole side of the river. The only sewage disposal works within the Borough boundary in this area is at Canford School. After full biological treatment the final filtrate from this plant is chlorinated before discharge into a stream which discharges into the River Stour at Knighton, about one mile distant. This effluent and stream is sampled regularly for residual chlorine and bacteriological examinations and the results are uniformly highly satisfactory.

In this area there are over 300 cesspools or septic tank drainage systems, many of which are situated in very close proximity to water courses and streams. Since the area was taken over in 1933 all known sources of direct pollution of streams have been cut out, but many of the cesspools and septic tanks are situated so close to water-courses that indirect pollution through soakage and sub-soil percolation is almost inevitable and direct pollution from overflowing cesspools may occur at any time. This ever-present risk of pollution of streams in this area forms a source of potential danger which will not be removed until the area is sewered.

Very careful attention is now paid to the disposal of sewage from new buildings in this area. New septic tank systems are not permitted. Sewage disposal plants are only approved where the area, level and nature of the site are suitable, the filters being fitted with automatic distributors and the filtrate disposed of by sub-irrigation. Filtered effluents are permitted to discharge direct to streams and ditches only where the effluent is effectively sterilised by automatic chlorination. Where these conditions cannot be fulfilled watertight cesspools of adequate capacity (not less than 2,000 gallons) are required.

SANITARY INSPECTION OF THE AREA

The Sanitary Inspectorate of the Borough consists of one Chief Inspector, five District Inspectors and one Meat Inspector. The Meat Inspector was appointed in November, 1950 and is engaged wholly on meat inspection duties at the Ministry of Food Slaughterhouse. The District Inspectors carry out all the normal duties of Sanitary Inspectors and in addition the duties of Food Inspectors, Food and Drugs Sampling Officers and Diseases of Animals Inspectors for the Borough. The Chief Sanitary Inspector and one District Inspector have also duties as Port Health Inspector and Deputy Port Health Inspector respectively.

To carry out effectively the normal sanitary inspection of an area, a minimum of one sanitary inspector per 10,000 population was recommended by the Local Government Board in 1910. Since then duties have increased and under present conditions it is probable that this figure should now be at least one inspector per 8,000 population. The population of the Borough is 83,000 and the maximum number of inspectors available for normal district duties is five, i.e., one inspector per 16,660 population. This number is very inadequate having regard to the duties to be carried out and the sanitary circumstances of the Borough. The staff of inspectors is barely sufficient for dealing with complaints and the more pressing of the day-to-day sanitary work, and leaves no margin for the regular routine work necessary for steady and progressive improvement in the sanitary circumstances of the Borough. If this improvement is to be obtained an increase in the number of inspectors is essential.

The total number of visits and inspections made by the sanitary inspectors during the year was 15,494.

1,228 complaints were received and investigated.

A summary of the work of the sanitary inspectors during the year is given in the following Tabular Statement:

Work done**Housing:**

No. of houses inspected for housing defects	613
No. of houses recorded under Housing Regulations ...	7
No. of houses requiring repair	557
No. of houses repaired without formal action	372

Drainage:

Choked drains cleared	205
Drains altered, repaired or reconstructed	242
Drains tested	519
Certificate tests carried out	10
Cesspools repaired or reconstructed	4
Cesspool drainage connected to sewer	4

Disinfections, etc., carried out:

Infectious diseases	280
Verminous premises	54
Insect pests, etc.	87

General:

Refuse—dust bins replaced or provided	18
Food premises—number where defects remedied ...	212
Other premises—number where defects remedied ...	203
Complaints investigated	1228

Notices

No. of Informal Notices served	1009
No. of Informal Notices complied with	867
No. of Statutory Notices served	43
No. of Statutory Notices complied with	55

SHOPS AND OFFICES

Owing to shortage of staff it has still not been possible for the Sanitary Inspectors to carry out a systematic survey and inspection of shops (other than food shops) but where complaints have been received, or conditions requiring improvement have been met, they have been dealt with.

67 visits were paid to offices and in 19 instances action was taken in regard to the absence, insufficiency or defective condition of sanitary conveniences.

CAMPING SITES

There are no licensed camping sites in the Borough and the only authorised sites in use during the year were the temporary camps

of recognised youth organisations. Generally speaking, these presented no difficulties. One religious organisation has been given temporary Town Planning Consent for the use of a site for a tented camp for a maximum period of 42 days and a maximum number of 150 persons. The camp is under strict control and no trouble has been experienced.

During the last two or three years the Council have had under consideration the development of land as sites for holiday camps and have decided, as a matter of policy, to permit such development only where the Council own the land and lease it for development by private persons on approved lines. By this policy the Council hope to retain effective control of the camps and restrict their use to bona-fide holiday caravanners and prevent nuisance or deterioration of the amenities of the district.

Having regard to the present difficult housing position and the number of applications received for permission to use caravans as temporary housing accommodation the Council decided as a matter of general policy to issue licences for the use of caravans as temporary accommodation in the case of persons genuinely in need of housing accommodation who are owners of building plots and prepared to build as soon as a licence is received and who undertake to comply with the Standard Sanitary Conditions prescribed by the Council. This policy meets the need of the genuine temporary caravan dweller without weakening the Council's control over caravan dwellings generally. 7 licences have been issued under this arrangement and 5 of these were still in operation at the end of the year. Licences for 2 other caravans were issued during the year so that the total number of licences in operation in the Borough is 7.

It was again necessary, in a number of instances, to take action under section 269 of the Public Health Act, 1936, to prevent the use of unsuitable sites and premises for temporary housing accommodation.

SMOKE ABATEMENT

It has not yet been possible to re-introduce routine observations on factory chimneys, but in 4 instances during the year action was taken to deal with smoke nuisance or grit emissions. In most of these the trouble was aggravated by the poor quality of coal which had to be used. With the assistance of the consulting engineers of the Ministry of Fuel, considerable improvement was obtained in all factories except one, where an alternative type of fuel is being obtained.

The construction of the new electricity power station on the shores of Holes Bay, Hamworthy, is not yet complete but the station came into partial operation in December, 1950. The proportion of the plant in use has grown steadily since but it has not yet reached its maximum capacity. When completed the plant will have a capacity of 200,000 kilowatts. The estimated coal consumption of the eight pulverised fuel boiler units is 350,000 to 400,000 tons of coal per year.

In view of the development of the power station it was decided in 1949 that information should be obtained of the state of atmospheric pollution in the Borough before the new station came into operation and of the conditions afterwards. After consultation with the Director of Observations at the Fuel Research Station, Greenwich, it was decided to carry out the recordings at four stations, each equipped with a deposit gauge and one lead-peroxide instrument. The recordings were started on the 1st February, 1950, and are still continuing. The stations are maintained by the Sanitary Inspectors but all measurements and analyses of deposits are carried out by the Public Analyst, Mr. A. S. Carlos, B.Sc., F.R.I.C.

A summary of the results of the recordings for 1951 have been provided by the Public Analyst and these are given in the tables below. In his report Mr. Carlos draws attention to the very considerable rise in the deposit of soot, ash and grit since the month of December, 1950, when the power station commenced operating. He points out that the increase at the recording station at Poole Cemetery has been very slight. This is as would be expected as this station is two miles north-east of the power station and would receive only a small portion of the very finest deposit.

Atmospheric Pollution Recordings for 1951

Table I — Deposited Matter
Deposit in tons per square mile

	Station 1 Old Council Offices		Station 2 Central Fire Station		Station 3 Municipal Buildings		Station 4 Poole Cemetery	
	1950	1951	1950	1951	1950	1951	1950	1951
Soot	33.43	41.64	26.55	38.42	29.05	38.02	13.62	16.75
Ash	48.14	93.07	39.42	71.99	31.75	79.90	17.90	30.76
Soluble Solids	105.59	185.88	85.61	155.23	87.34	170.95	62.27	117.39
<i>Total</i>	187.16	320.59	151.58	265.64	148.14	288.87	93.79	164.90

Note.—In the above Tables, the figures for 1950 are for eleven months only.

Table II — Sulphur GasesDaily average in mgs. SO_3 per 100 sq. cms.

Station 1 Old Council Offices		Station 2 Central Fire Station		Station 3 Municipal Buildings		Station 4 Poole Cemetery	
1950	1951	1950	1951	1950	1951	1950	1951
0.86	0.99	0.88	1.07	0.83	0.89	0.66	0.78

Table III — Monthly Recordings

1951			Deposit in tons per sq. mile				SO/3 m.g.s. per day per 100 sq. cms.				
	Inches Rain- fall		Soot	Ash	Soluble Matter	Total					
Station No. 1 — Old Council Offices, Market Street.											
January	3.38	5.15	7.39	11.37	23.91	1.40			
February	6.90	3.17	10.16	33.06	46.39	1.50			
March	4.06	4.09	10.73	20.68	35.50	—			
April	3.48	2.65	9.31	15.13	27.09	0.77			
May	2.36	3.06	8.40	6.58	18.04	0.80			
June	0.34	3.17	6.13	3.95	13.25	0.65			
July	0.88	3.27	7.71	4.22	15.20	0.31			
August	4.93	2.21	5.49	10.48	18.18	1.04			
September	3.56	2.58	6.24	6.92	15.74	0.65			
October	1.38	7.29	6.35	8.49	22.13	1.38			
November	8.86	2.55	7.59	41.80	51.94	1.28			
December	2.71	2.45	7.57	23.20	33.22	1.14			
Total			42.84	41.64	93.07	185.88	320.59	0.99	Daily Average
Station No. 2 — Central Fire Station											
January	2.87	2.75	3.87	7.06	13.68	1.33			
February	5.68	2.95	5.69	28.15	36.79	1.48			
March	3.58	2.50	10.81	22.32	35.63	1.35			
April	2.85	2.69	7.98	10.75	21.42	0.69			
May	2.32	8.28	3.97	5.29	17.54	0.66			
June	0.27	3.03	6.07	3.23	12.33	0.78			
July	0.80	3.20	8.60	4.72	16.52	0.32			
August	3.07	2.45	4.65	8.61	15.71	1.41			
September	3.14	2.22	5.26	6.92	14.40	0.85			
October	1.06	1.59	2.97	4.37	8.93	1.14			
November	7.85	4.17	4.41	41.13	49.71	1.53			
December	2.09	2.59	7.71	12.68	22.98	1.34			
Total			35.58	38.42	71.99	155.23	265.64	1.07	Daily Average

1951	Inches Rain- fall	Deposit in tons per sq. mile				SO ₃ m.g.s. per day per 100 sq. cms.	
		Soot	Ash	Soluble Matter	Total		
Station No. 3 — Municipal Buildings							
January	3.74	5.57	6.74	15.41	27.72	1.24
February	6.23	5.70	13.18	23.49	42.37	1.31
March	4.00	3.98	13.68	20.08	37.74	0.99
April	3.35	1.75	8.74	12.03	22.52	0.71
May	2.47	4.32	6.98	5.81	17.11	0.64
June...	...	0.33	2.78	3.42	2.44	8.64	0.35
July	1.06	2.01	4.76	3.45	10.22	0.27
August	4.09	2.25	2.49	5.08	9.82	0.99
September	3.70	3.34	2.69	5.08	11.11	0.49
October	1.30	1.60	2.05	5.36	9.01	1.08
November	8.93	2.62	3.81	51.51	57.94	1.24
December	2.81	2.10	11.36	21.21	34.67	1.32
Total	42.54	38.02	79.90	170.95	288.87	0.89 Daily Average

Station No. 4 — Poole Cemetery								
January	...	...	2.99	1.17	0.90	10.13	12.20	1.01
February	...	...	5.88	0.68	2.31	20.22	23.29	0.89
March	...	...	3.80	1.08	2.45	10.96	14.49	0.87
April	...	...	3.15	1.04	3.54	9.80	14.38	0.70
May	...	...	2.46	1.73	2.49	4.09	8.31	0.51
June	...	...	0.40	2.14	3.60	3.52	9.26	0.42
July	...	...	1.11	2.20	3.77	4.49	10.46	0.25
August	...	...	3.94	1.27	3.68	4.29	9.24	1.10
September	...	...	3.52	2.22	2.74	4.56	9.52	0.57
October	...	...	1.34	0.90	1.25	5.18	7.33	1.05
November	...	...	8.67	1.07	2.24	25.54	28.85	0.95
December	...	...	2.39	1.25	1.79	14.61	17.65	1.00
<hr/>								
Total	...	...	39.65	16.75	30.76	117.39	164.90	0.78
<hr/>								
								Daily Average

SWIMMING BATHS AND POOLS

During the year two open-air sea water swimming baths were available to the public — one Corporation bath and one privately owned bath. Both these baths are provided with continuous action filtration and chlorination plants. In the Corporation bath break-point chlorination is used to overcome the difficulty of maintaining an effective chlorine residual in all parts of the bath during peak periods. With this system a chlorine residual of from 1 to 2 parts per million is maintained throughout the bath.

During the season 24 routine samples of the water were taken for bacteriological examination; the results of these are given in the table below. The standard used is the Ministry of Health classification for drinking water supplies. In addition, a daily check of residual chlorine in the water was maintained by the baths staff and checked periodically by the Sanitary Inspectors.

There are also two private baths in the Borough. One which is provided with a filtration and chlorination plant was in use during the season, but the other was closed pending the provision of automatic chlorinating plant. 8 samples of the water were taken from the bath in use during the season.

Results of samples of water from swimming baths:

<i>Baths</i>	<i>Number of samples</i>	<i>Class I</i>	<i>Class II</i>	<i>Class III</i>	<i>Class IV</i>
Baths used by public ...	24	10	3	5	6
Private Baths	8	2	2	1	3
TOTALS	32	12	5	6	9

SEA BATHING

The Annual Report for 1950 contains some notes and observations on the facilities for sea bathing in Poole Bay and the effect of sewage pollution on the bathing beaches. 9 outfall sewers from Poole, Bournemouth and Christchurch discharge the sewage of a population of a quarter of a million people into the Bay, untreated except for disintegration and some slight chlorination. Bacteriological examinations carried out over the whole of 1951 show that there is gross sewage pollution of the waters of Poole Bay. In contrast, the waters of Poole Harbour, particularly on its western shores, and the sea water at Shell Bay and Studland are surprisingly pure.

During the year the Poole Council made repeated efforts to get the neighbouring authorities and the Ministry of Health interested in the joint scheme for the diversion and treatment of the sewage of the three boroughs, but without success and the Council are now investigating the practicability of diverting the sewage of Poole away from the Bay to a site where full treatment can be carried out.

DISINFESTATION

During 1951, 173 visits were made to dirty or verminous houses. 20 houses (including 4 Council houses) were found to be infested with bed bugs and were disinfested. In all cases the disinfestation was carried out by the Public Health Department at the expense of the owners or occupiers. The method used was spraying with a standard proprietary insecticide of the Pyrethrum-D.D.T. type. This method has been found to be satisfactory in practice, simple in operation, free from serious smell, and relatively cheap.

In order to prevent the spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous are disinfested by spraying, before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.

COMMON LODGING HOUSES

There are two registered Common Lodging Houses in the Borough, both situated in the Old Town, near the Quay. These can accommodate 49 men (27 and 22 respectively). They were inspected on 24 occasions during the year.

MOSQUITO CONTROL

Seven species of mosquitoes have been found within the Borough boundaries and another seven in the surrounding districts. Some notes on these were given in the Annual Report for 1946.

The method of control adopted within the area of the Borough is as follows. All major potential breeding grounds are known and these are kept under observation during the period March to September. Where breeding is found to be occurring the water is sprayed with a mixture of kerosene and heavy oil and one per cent. D.D.T. and the treatment repeated at intervals as found necessary. This has been found to be successful in controlling breeding in the potential breeding grounds dealt with. During 1951, 36 major potential breeding areas were sprayed in March, 24 in May and June, and 9 in August.

Unfortunately the most numerous breeding places for mosquitoes are the small ornamental ponds, rainwater tanks, water butts, etc., in private gardens. These are difficult to control owing to the lack of co-operation of occupiers and frequently their existence and condition only become known as the result of complaints of mosquitoes in the neighbourhood.

It is difficult to estimate the extent to which the harbour back waters are breeding places, as large tracts of mudland are inaccessible and the largest areas are outside the Borough boundaries.

RODENT CONTROL

The Prevention of Damage by Pests Act, 1949, which came into operation on the 31st March of 1950, requires occupiers of land to notify infestation of rats and mice and empowers local authorities to require the destruction of rodents on land and the rat-proofing of premises, including agricultural land and premises.

Since 1944 the Council have provided a comprehensive service for the destruction of rats and mice on premises within the Borough. A full-time staff of one Rodent Officer and 3 Operatives is employed in this work, working on the methods laid down by the Infestation Division of the Ministry of Agriculture and Fisheries.

A summary of the work done in rodent destruction in 1951 is as follows:

Type of Vermin	Council Premises	Private Premises	Business Premises	Agricultural Properties	Total
Rats					
Total No. of visits made by Staff ...	122	6872	1534	103	8631
Total No. of premises inspected:					
(a) on complaint	20	665	128	2	815
(b) on survey	18	2859	314	23	3214
Total No. of premises found infested:					
(a) on complaint	20	491	112	2	625
(b) on survey	3	269	167	8	447
No. of premises treated	23	760	279	10	1072
No. of premises cleared	19	734	269	9	1031
No. of premises re-treated and cleared	2	39	17	5	63
No. of pre-baits laid	304	5360	2922	296	8882
No. of poison baits laid	106	1664	1014	98	2882
No. of post-baits laid	16	173	129	41	359
No. of instances where other methods used	—	15	27	—	42
Estimated No. of rats destroyed	212	4328	1658	416	6614
No. of bodies of rats recovered ...	79	1646	652	193	2570
Mice					
No. of complaints received ...	16	92	45	—	153
No. of premises treated	16	92	45	—	153
No. of premises cleared	14	92	40	—	146
Other Vermin	Nil	Nil	Nil	Nil	Nil

During 1950, the "Block Control" system was operated in conjunction with investigation of complaints, i.e., when a complaint was investigated, a survey was made of the surrounding area and the whole area dealt with in one block.

Treatment for rat infestations was mainly baiting, but all methods of destruction were employed. The estimate of the number of rats destroyed is based on the Infestation Division's system of calculation, but the number of bodies recovered from the surface shows the figure to be a conservative one, as in the poison baiting system of destruction most of the rats die underground.

During the spring 330 sewer man-holes in the Borough were test-baited without a single "take" being recorded.

Treatment for mice infestations was mainly by trapping and in most instances this was done by the occupiers of the premises themselves after instruction and advice by the Rodent Officer.

DISEASES OF ANIMALS

For the third year in succession there were no outbreaks of Foot and Mouth Disease in the Borough or within the 15 mile radius. Two notifications of suspected Swine Fever were received but neither was confirmed.

There are about 130 piggeries in existence in the Borough. Many of these are on a commercial scale and the number and size of these is increasing rapidly. 253 visits of inspection were made to piggeries during the year.

FACTORIES

The number of factories registered is 298.

The number of inspections made during the year was 400.

Generally no great difficulty was experienced in dealing with nuisances or with the remedy of defects involving additional construction such as the reconstruction or improvement of sanitary conveniences, but the improvements cannot be secured as quickly as in "pre-war" years and considerable tolerance has to be exercised in the time allowed for alterations to be carried out. One exception is the difficulty in securing plain white glazed slabs for urinals. These continue to be almost unobtainable in this district and when obtainable the cost is prohibitive. The only suitable alternative — slate — is equally as scarce and as costly. Many works' urinals require modernisation but until these slabs are available no satisfactory improvement can be secured.

Particulars of the inspections of factories are set out in the following table:

THE FACTORIES ACT, 1937

Part I of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	No. on Register	Number of :—		
		Inspections	Written Notices	Occupiers Prosecuted
* (1) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	19	63	4	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	276	333	14	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	4	—	—
TOTAL	298	400	18	—

* — Factories in which no mechanical power is used.

† — Factories in which mechanical power is used.

2. Cases in which defects were found

(Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases".)

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ...	1	2	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	4	2	—	—	—
(b) Unsuitable or defective	53	32	—	3	—
(c) Not separate for sexes ..	2	1	—	—	—
Other offences against the Act (not including offences relating to out- work)	3	3	—	—	—
TOTAL	64	41	—	4	—

OUTWORKERS

During the year lists containing the names and addresses of 75 outworkers were received from factories in the Borough. 43 were resident in the Borough, 32 were resident in other districts and their names and addresses were forwarded to the local authorities concerned. In addition 17 names and addresses of Outworkers were received from other local authorities making a total of 60 outworkers employed in the Borough, all in the clothing trade. In no instance was it found necessary to take any action with regard to unwholesome conditions.

SCHOOLS

During 1951, 77 visits of inspection were made to schools by the Sanitary Inspectors. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found. The disinfection of classrooms and the whitewashing of conveniences is carried out at all schools during the holiday periods as a matter of routine.

Generally speaking, the sanitary circumstances of the schools in the Borough are satisfactory. All schools are provided with main water supplies; washing facilities are fairly satisfactory and conveniences provided with modern pedestal wash-down water closets and reasonably satisfactory urinals.

During inspections particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of the supervisory staff persistently drawn to the importance of a high standard of hygiene in these premises. Copies of the Council's Clean Food By-laws were sent to every school canteen and during the Christmas vacation every member of the canteen staff attended a special half-day course on food hygiene during which talks were given on Food Poisoning, Food Hygiene and Clean Food By-laws. The talks were illustrated by films and film strips, including the full length film "Serving Dinner in School".

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

This section empowers the Council, where the Medical Officer of Health certifies that removal is necessary, to take steps to secure the removal of persons in need of care and attention to suitable premises. In order to facilitate action in urgent cases the Public Health Committee has delegated its powers to the Public Health (Legal Proceedings) Sub-Committee, who have now power to authorise the appropriate action to be taken.

During the year action had to be taken in respect of four aged persons who were living alone and not receiving proper care and attention. All four persons were persuaded to enter a hospital for aged and infirm persons voluntarily.

SECTION D

HOUSING

Number of Houses in occupation in the Borough

The total number of dwelling houses occupied and void was 24,381. 342 houses were still under construction on 31st December, 1951.

Year	Over £22 R.V.		Under £22 R.V.		Total		Popula- tion	Persons per occupied House
	Occupied	Void	Occupied	Void	Occupied	Void		
1946	5425	49	16117	82	21542	131	76330	3.52
1947	5535	27	16805	64	22340	91	78720	3.53
1948	5596	59	17243	73	22839	132	80480	3.52
1949	5842	50	17616	95	23458	145	81130	3.46
1950	5964	61	17740	84	23704	145	82140	3.47
1951	6035	74	18159	113	24194	187	82958	3.40

New House Construction, 1951

1. Total number of units of accommodation completed in 1951	...	...	...	...	...	...	477
New traditional houses and flats	...	...	...	...	...	442	
Conversions and adaptations (flats)	...	...	...	...	...	35	
2. Houses and flats in above which form part of Municipal Schemes	...	...	...	...	...		355
3. Total number of units of accommodation under construction as at 31/12/51	...	...	...	...	...	...	342
New traditional houses	...	...	...	...	...	312	
Conversions and adaptations (flats)...	...	...	...	...	...	30	
4. Houses and flats in above which form part of Municipal Schemes	...	...	...	...	...		237
5. Number of houses included in Municipal Schemes, approved, but not actually under construction at 31.12.51	...	...	...	...	...	...	242

Council Houses

The number of houses erected by the Council prior to 1945 was 995. During the seven years, 1945 to 1951 (inclusive) a further 2,180 houses (including 200 "Prefabs") were erected, making the total number of houses erected by the Council up to the end of 1951, 3,175.

Re-housing

The number of applicants on the Council's Re-housing Register for the past three years has been as under:

at 31/12/49	...	...	3,262
at 31/12/50	...	...	3,056
at 31/12/51	...	...	2,785

The yearly numbers of new applications for housing accommodation since 1945 have been as follows:

1945	...	1,538	1949	...	947
1946	...	2,079	1950	...	932
1947	...	1,068	1951	...	892
1948	...	1,101			

The number of families rehoused during the past three years has been as follows:

1949	...	...	...	317
1950	...	...	...	476
1951	...	...	...	419

Existing Housing Conditions

Housing is still the greatest problem confronting the Local Authority. In Poole there are three aspects of the problem — overcrowding, slum clearance and the repair of rented houses.

Owing to the lack of up-to-date information it is difficult to assess the extent of the overcrowding in the Borough. The only information available is the number of applicants on the Council's register for housing accommodation. On the 31st of December, 1951, the number of applicants on the register was 2,785 — 271 less than in 1950.

The position with regard to slum clearance is still most unsatisfactory. In the Old Town area there are some 700 unfit houses which were scheduled in 1938 for clearance and are still occupied. These houses were then insanitary, unfit for habitation and incapable of being made fit. In the past 14 years the houses have degenerated even further and today many of them are beyond temporary repair and dangerous to life and limb. The continued occupation of these houses is a menace to the health of the people, particularly young children, who are compelled to continue to occupy them. The only remedy is the immediate resumption of the slum clearance schemes.

During the year action was taken with regard to a number of houses where conditions were particularly bad. 5 formal Demolition Orders were made and 3 houses were demolished in pursuance of Demolition Orders. In 8 instances where scheduled houses in the

Old Town area became vacant the owners agreed to voluntary closure of the houses, and in a number of other cases, after minimum repairs had been carried out, the houses were re-let to couples without children.

The repair of the low-rental working-class houses is another housing problem for which there appears to be no solution at present. The rentals of many of these houses today bear no relation to the value of the houses or the cost of maintenance. The growing disparity between fixed rents and rising costs of repairs has reduced the repair sections of the Housing Act to a dead letter and recourse has had to be made to the nuisance sections of the Public Health Act to secure the minimum of repairs. The reaction of owners is felt in the form of increased resistance to repair notices and in consequence the amount of work involved in getting even the simplest of repairs done has increased enormously within the last few years. Unless some solution can be found to this problem numbers of rented working class houses which are still structurally sound will rapidly become unfit through disrepair and neglect.

A summary of the housing work carried out by the Sanitary Inspectors is shewn in the following table:

Housing Inspection

I. Inspection of dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	613
(b) Number of inspections made for the purpose ...	2759
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932	14
(b) Number of inspections made for the purpose ...	37
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	14
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	557

2. Remedy of Defects during the year without service of formal Notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... 372

3. Action under Statutory Powers during the year :—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... 1

(2) Number of dwelling-houses which were rendered fit after service of formal Notices:

(a) By owners ... Nil

(b) By Local Authority in default of owners ... Nil

(b) Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 36

(2) Number of dwelling-houses in which defects were remedied after service of formal Notices:

(a) By owners ... 36

(b) By Local Authority in default of owners ... 2

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... 5

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... 3

(d) Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... 1

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... Nil

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Food Premises

The inspection and supervision of food premises form a very large and increasingly important part of the Sanitary Inspectors' duties, and in 1951, 4,619 visits were made to food premises in the Borough. This represents nearly 30 per cent. of all visits made by the Sanitary Inspectors.

Prior to 1939, the powers of local authorities in relation to food premises were extremely limited. Section 13 of the Food and Drugs Act, 1938, provided a minimum standard for all food premises but by the time it came into operation in October, 1939, enforcement was not practicable. In the first three post-war years a considerable amount of work was done in bringing food premises up to modern standards, but a considerable leeway had still to be made up. At the end of 1950 the Council approved a programme to bring all food premises up to the minimum standard of section 13 of the Food & Drugs Act, 1938, forthwith.

To put this programme into operation a detailed re-survey and classification of all food premises was carried out during 1951. As a result of this survey and the action taken it can be said that, with a few exceptions, food premises in the Borough now comply with the requirements of Section 13 of the Food and Drugs Act,. These, however, are regarded as minimum requirements and in many instances agreements have been reached with managements for the carrying out of improvements and alterations designed to bring premises up to higher standards of hygiene considered desirable for the type of trade carried on. In many premises this has already been done, and having regard to difficulties with materials and licences and the high cost of labour and equipment the response by the traders has been very good. Where delay has occurred in getting work done it has not always been the fault of the traders, who in many instances have been prepared to go beyond the requirements, but have been unable to get a licence for the work. This has happened in a number of cases where improvement of bad conditions could only be secured by reconstruction or rebuilding.

Progress with catering premises was considerably hampered by the lack of any standard having legal sanction or national backing but with the publication in 1951 of the Report of the Catering Trade Working Party on Hygiene in Catering Establishments the Target and Standard Codes recommended in the report were adopted by the Public Health Committee as working standards for catering premises serving main meals and other catering premises respectively. The

Sanitary Inspectors are now concentrating on persuading caterers to bring their premises up to the standards of these codes. Nevertheless, despite the improvements secured so far, a satisfactory standard of space, construction, fittings and hygiene will not be obtained in cafe, restaurant and hotel kitchens until the power of registration recommended in the Working Party's Report has been granted.

The following tables summarise the improvements secured in food premises in the past two years.

Improvement of Food Premises

	1950	1951	Total
1. No. of premises dealt with:			
No. reconstructed	13	10	23
No. where major improvements carried out	24	43	67
No. where minor improvements carried out	64	159	223
	<u>101</u>	<u>212</u>	<u>313</u>
2. Summary of improvements secured:			
Premises cleansed or redecorated	49	59	108
Washing facilities provided or improved ...	44	67	111
Cleansing facilities provided or improved ...	23	31	54
Refrigerated storage provided	32	24	56
Other food storage accommodation provided	13	31	44
Facilities for protection of food provided ...	8	91	99
Sanitary accommodation provided or improved	8	10	18
Other improvements secured	10	37	47
	<u>187</u>	<u>350</u>	<u>537</u>
3. No. of unsatisfactory premises voluntarily closed	9	13	22

Clean Food

During 1950 the Council adopted the Model Clean Food By-laws drafted by the Ministry of Food and these became operative on the 1st October, 1950. These by-laws prescribe measures for securing the observances of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food, and the sale of food in the open air.

In November, 1950, the Public Health Committee approved a campaign to make the provisions of the By-laws widely known, to secure the co-operation of management and staff of food premises in their observance, and to educate all persons handling food in the principles of food hygiene.

This policy was carried out during the winter of 1950-51. Copies of the Clean Food By-laws and the Council's Standards for Food Preparation Premises were sent to every food trader in the Borough. Separate meetings of each class of food trader were held and the application of the By-laws to each food trade explained and discussed with the traders. As a result of these meetings a Code for the guidance of traders was drawn up and adopted by the Council as a working basis for the guidance of inspectors and traders alike. The response of the traders has been very satisfactory and many of the recommendations in the Code have already been put into practice, and the aim is to get the By-laws, as interpreted by the Code, into effective operation by the summer of 1952.

As an example of what has been achieved in this direction the example of the fish trade can be quoted. By the end of 1951, over 70 per cent. of the open fish shops in the Borough were equipped with protective glass cases, mostly refrigerated, for the display of fish.

In November, 1950, a start was made on the task of educating food-handling staff in the principles of food hygiene, and during the winter a single comprehensive lecture on food hygiene was offered to every food trader and all food-handling staff in the Borough. These lectures were illustrated by films and film strips. Twenty-one lectures were given and these were attended by over 1,500 persons. In addition a special half-day course of lectures and films was arranged in January, 1951, and this was attended by every member of the school canteens and school meals service in the Borough.

Milk Supply

Dairies and Milk Shops

The number of Milk Distributors registered in the Borough is as follows:

Wholesale Distributors	1
Wholesale and Retail Distributors	3
Retail Distributors	9
Retail Distributors from outside Borough	5
Sellers of bottled milk only	69

The Milk (Special Designations) Orders and Regulations

The following licences were granted:

Pasteurised Milk

Pasteurisers' licences	...	...	...	...	5
Dealers' licences	...	...	...	...	13
Supplementary licences	...	...	...	...	5
Licences for sale of sealed bottled milk	...	...	...	...	70

Tuberculin Tested Milk

Bottlers' licences	...	...	...	...	5
Dealers' licences	...	...	...	...	13
Supplementary licences	...	...	...	...	5
Licences for sale of sealed bottled milk	...	...	...	...	20

Control of Treatment and Distribution of Milk

Since the 1st October, 1949, the Ministry of Agriculture and Fisheries has been responsible for the supervision of milk production and local authorities are now responsible only for supervision of treatment and distribution.

In the Borough, supervision of the milk supply is carried out by the inspection of premises, the checking of plant and methods and the bacteriological examination of the milk.

During 1951, 302 inspections of dairies and plant were made. 620 samples of milk were taken for bacteriological examination. All Pasteurised and Heat-treated milks were satisfactory to both Phosphatase and Methylene Blue tests, but of the raw milks 5 out of 29 ungraded milks failed to pass the Methylene Blue test. Details of the results of the samples are shewn in the following table:

Samples of milk taken for bacteriological examination

Grade of Milk	No. of Samples	Results of Tests			
		Phosphatase		Methylene Blue	
		Passed	Failed	Passed	Failed
Pasteurised	419	419	Nil	419	Nil
Tuberculin Tested Pasteurised	131	131	Nil	131	Nil
Heat Treated	33	33	Nil	33	Nil
Tuberculin Tested (Raw) ...	8	—	—	8	—
Ungraded	29	—	—	24	5
Total	620	583	Nil	620	5

45 sample batches of washed bottles were taken for bottle rinse counts. 33 were satisfactory (under 200 organisms per pint bottle), 2 were fairly satisfactory (200-600), and 10 were unsatisfactory (over 2,000).

Pasteurisation

An average weekly sale of milk in the borough is about 45,000 gallons. Of this, about 44,500 gallons, or approximately 99 per cent. are pasteurised.

At present a large proportion of the milk retailed in the Borough comes from two large dairies outside the Borough which are equipped with modern pasteurising plants. The one large wholesale creamery within the Borough was rebuilt during 1951 and equipped with a modern H.T.S.T. pasteurising plant. Another pasteurisation plant of the holder type was also installed during the year making the total number of plants in operation in the Borough 5, i.e., one H.T.S.T. and 4 holder type plants. All dairies bottling milk in the Borough are now equipped with pasteurising plants and the only raw milk sold in the area is brought in by producer-retailers operating from premises outside the Borough.

The policy of the Council has been to secure that all milk sold in the Borough is pasteurised and sold as such and in the past every effort was made to obtain compulsory powers for that purpose, but without success. However, the Council have now been informed of the intention of the Minister of Food to make an Order in 1952 under the Milk (Special Designations) Act, 1949, prohibiting the sale within the area of milk, other than designated milk. It is to be regretted that the Order will permit the sale of raw Tuberculin Tested milk, although in practice all Tuberculin Tested milk sold in the Borough is pasteurised.

Ice Cream

There are 223 premises in the Borough registered for the manufacture or sale of ice-cream. These are:

Premises registered for manufacture	...	...	5
Premises registered for retail sale	...	...	52
Premises registered for retail sale of pre-packed ice cream only	...	...	...
	...	...	166

All ice-cream manufactured or sold in the Borough is heat-treated. During the year there was again a big increase in the proportion of pre-packed ice-cream. Practically all small retailers have changed

over to the pre-packed article and only one manufacturing-retailer firm continues to sell bulk ice-cream for consumption off the premises. The public is beginning to show a definite preference for pre-packed as against bulk ice-cream and, provided the shortage of paper does not result in a set-back to this trend, pre-packed ice-cream will soon completely supplant bulk or "loose" ice-cream for consumption off the premises.

When the Ice-Cream (Heat Treatment, etc.) Regulations, 1947, came into force a "Provisional Standard of Fitness of Premises for the Manufacture or Sale of Ice Cream" was prepared in consultation with the ice-cream trade and this code was adopted by the Council as the standard for premises for registration. The introduction of this code has resulted in an immense improvement in the standard of premises, equipment and methods, and all premises now registered comply with this standard. New premises are required to comply with the standard before registration.

Effective supervision of this section of the food industry is still hampered by the exclusion of cafes, restaurants, hotels, clubs and street traders from the registration provisions of Section 14 of the Food & Drugs Act, 1938.

45 samples of ice-cream were taken during the year for bacteriological examination and the results are set out in the table below. The test used is the Methylene Blue reduction test recommended by the Public Health Laboratory Service. Grades I and II are considered satisfactory and Grade IV unsatisfactory.

Samples of ice cream for bacteriological examination

Type	No. taken	Grade I	Grade II	Grade III	Grade IV	Percentage unsatis- factory
From Manufacturers—Bulk Ice-cream	7	5	1	—	1	14.3
From Manufacturers—Pre- packed Ice-Cream ...	20	17	3	—	—	Nil
From Retailers—Bulk Ice- Cream	16	9	6	1	—	Nil
From Retailers—Pre-packed Ice-Cream	2	2	—	—	—	Nil
TOTAL	45	33	10	1	1	2.2

The percentage of unsatisfactory samples in the four previous years was: 1947, 27.5; 1948, 12.6; 1949, 4.8; 1950, 4.3; thus, since 1947 there has been a remarkable progressive reduction in the number of unsatisfactory samples and a figure below 3 per cent. for all types of samples must be considered very satisfactory.

37 samples of ice-cream were taken for chemical analysis. All these conformed with the standard of not less than 5 per cent. fat, 10 per cent. sugar and $7\frac{1}{2}$ per cent. milk solids other than fat prescribed by the Ministry of Food. The following table shows a comparison of the fat content of samples taken during the last three years.

Samples of ice cream for chemical analysis

Percentage of Fat	1949		1950		1951	
	No. of Samples	Percentage of Total	No. of Samples	Percentage of Total	No. of Samples	Percentage of Total
Under 5	20	33.9	2	7.4	—	—
5 to 8	21	35.6	7	25.9	5	13.5
8 to 10	15	25.4	7	25.9	6	16.2
10 to 12	2	3.4	11	40.8	19	51.4
12 to 14	1	1.7	—	—	4	10.8
Over 14	—	—	—	—	3	8.1
<i>Total</i>	59	100.0	27	100.0	37	100.0

Taken in conjunction with the results of the routine samples for bacteriological examination these results show the very considerable improvement secured in the quality of the ice-cream manufactured or sold in the Borough during the past five years and the very high standard reached in 1951.

INSPECTION OF MEAT

Under the centralisation of slaughtering scheme of the Ministry of Food the slaughtering for the whole of the area between Lymington and Poole, an area with a population of about 290,000 is centralised in two slaughterhouses. The larger of these is situated in Poole and in this is carried out most of the slaughter for the area.

During the year, 790 spells of duty were carried out by the Sanitary Inspectors, during which every one of the 15,661 animals killed was inspected at the time of slaughter and a detailed examination of the carcase and offals made. The maintenance of a hundred per cent. standard of inspection involved a practically continuous duty for

one or more inspectors daily and placed a very severe strain on the inspectorial staff, which was increased by the congested and sometimes dangerous conditions under which the work of inspection had to be carried out.

As a result of representations from the Council, the Ministry of Food prepared plans for the enlargement and improvement of the slaughterhouse in 1949. These were not carried out and the proposals were finally abandoned early in 1950. However, on further representations from the Council, the Ministry agreed to the appointment of an additional inspector for full-time meat inspection duties at the slaughterhouse, to carry out certain urgent improvements at the slaughterhouse forthwith and to fix a maximum limit to the number of animals which could be slaughtered per day. These undertakings were carried out in 1951.

Despite the maximum limit on the number of animals slaughtered per day, the numbers of animals slaughtered in 1950 and 1951 were much higher than in 1949, amounting in the case of calves, sheep and pigs to 100 per cent. more. This was due to the maximum use of the slaughtering facilities available and to a more uniform distribution of the slaughtering over the period. Even so, it was evident that the slaughtering facilities and hanging accommodation were insufficient, particularly during the peak period of slaughter, and the Council continued to press the Ministry for enlargement of the slaughterhouse to a size adequate for the amount of slaughtering carried on or the provision of additional accommodation.

In February, 1951, the Ministry of Food informed the Council that they proposed to erect a new factory abattoir at Poole with an average daily capacity of 110 cattle units. After considerable negotiations between the Council and the Ministry of Food a site at Hamworthy was agreed on and the Council were given to understand that the work would be commenced forthwith. By the end of the year no further progress had been reported and the Council have been unable to obtain a decision as to when construction of the new abattoir will be started.

During 1951, 28 per cent. of all cows and 16.3 of all cattle slaughtered were infected with Tuberculosis in some part or organ. 12 calf carcasses (0.5 per cent. of total) were infected with Tuberculosis, mostly of congenital origin, and in all these instances the names and addresses of the senders were forwarded to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries for the tracing and elimination of the dams concerned.

In the Annual Report for 1949, some notes on the prevalence of *Cysticercus bovis* in cattle were given. This cystic form of the tapeworm *Taenia saginata*, was found in 56 of the cattle slaughtered in 1951 compared with 27 in 1950. 34 of these cattle came from Dorset (17 in 1950). The maximum number of cysts found in any carcass was six and in only one case was more than one organ infected. All the carcasses concerned were sent for freezing at 16° F. for three weeks, a treatment which effectively destroys the parasites.

In addition to slaughterhouse duties, 364 visits were made to butchers' shops for the inspection of meat and premises.

Particulars of the inspections of carcasses and offals at the slaughterhouse are given in the following tables:

**Carcasses Inspected and Condemned
during the year 1951.**

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3487	1724	2688	5074	2688
Number Inspected	3487	1724	2688	5074	2688
All diseases except Tuberculosis— Whole carcasses condemned	7	11	10	7	25
Carcasses of which some part or organ was condemned ...	1137	768	41	1453	698
Percentage of the number inspected affected with dis- ease other than Tuberculosis	33.8	45.2	1.9	28.8	26.9
Tuberculosis only— Whole carcasses condemned ...	22	21	10	—	26
Carcasses of which some part or organ was condemned ...	343	463	2	—	186
Percentage of the number in- spected affected with Tuber- culosis	10.5	28.1	0.5	—	7.9

Meat Condemned.

<i>Meat</i>	<i>Tuberculosis</i>	<i>Other Diseases</i>	<i>Total Weight</i>
Beef	34,430 lbs.	10,538 lbs.	44,968 lbs.
Veal	551 "	565 "	1,116 "
Mutton	—	317 "	317 "
Pork	10,455 "	5,136 "	15,591 "
Offal	35,912 "	45,025 "	80,937 "
Total	81,348 lbs.	61,581 lbs.	142,929lbs.

In addition 169lb. of imported beef, mutton and pork and 2,085lb. of corned beef, mutton and ham were condemned as unsound in food shops.

Thus, the total weight of meat and edible offal condemned in 1951 was: 64 tons, 16 cwts., 1 qr., 3 lbs.

INSPECTION OF OTHER FOODS

Arising from the inspection of food in retail shops, etc., 4 tons, 12 cwts., 3 qrs. and 16 lbs. of foodstuffs (other than meat) were condemned and surrendered for destruction or salvage for animal feeding stuffs. These comprised:

Bacon	...	...	...	...	55 lbs.
Poultry	...	...	...	...	4 lbs.
Sausages	...	...	...	...	26 lbs.
Fish	...	...	...	...	6175 lbs.
Fats (Butter, Margarine, etc.)	...	...	...	...	25 lbs.
Cheese	...	...	...	...	58 lbs.
Fruit	...	...	...	...	42 lbs.
Dried Fruit	...	...	...	...	242 lbs.
Cake, Biscuits, etc.	...	...	...	...	48 lbs.
Flour and Cereals	...	...	...	...	438 lbs.
Jams and Preserves	...	...	...	...	9 lbs.
Confectionery	...	...	...	...	24 lbs.
Other foods	...	...	...	...	1173 lbs.
Tinned Foodstuffs	...	...	...	...	3098 tins
Eggs	...	...	...	...	582

10,404 lbs.

The total weight of all food (including meat and edible offal) condemned in 1951 was: 69 tons, 9 cwts. and 19 lbs.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD

Analyses of samples of foods and drugs taken under the Food and Drugs Act are carried out by the Public Analyst for the Borough, Mr. A. S. Carlos, B.Sc., F.R.I.C., Bournemouth, who also carries out any chemical examinations of food, water, etc., required by the Public Health Department.

During the year 8 samples of food were submitted by the Sanitary Inspectors to the Public Analyst for chemical examination on suspicion of unsoundness or contamination.

The Public Health Laboratory (Director: G. J. G. King, M.B., B.Ch.) previously located in the Municipal Buildings, Poole, removed to larger premises at Boscombe Hospital, Bournemouth, at the end of 1951, and all bacteriological examination of foods required are carried out there. The facilities for examinations being so readily available, every use is made by the Sanitary Inspectors of these aids in their work in food inspection. Examinations carried out by the laboratory include:

Routine bacteriological examinations of milk, ice-cream, soft drinks, shell-fish, etc.

Special examinations of foods for specific pathogenic organisms.

Phosphatase, Methylene Blue and biological tests of milk samples.

Churn and bottle rinses.

Microscopical examinations of specimens from slaughterhouse for identification of disease in meat inspection.

Microscopical examinations of cereals, etc., for mites, etc.

In all, 1,465 samples and specimens were submitted during the year by the sanitary inspectors for bacteriological or microscopical examination.

FOOD POISONING

One small outbreak and three single cases of food poisoning came to the notice of the Public Health Department during the year.

The outbreak, involving 7 persons was almost certainly due to, the consumption of a "backyard" chicken which had a history of illness associated with diarrhoea. *Salmonella typhi-murium* was recovered from the faeces of three patients. Unfortunately, no part of the chicken was available for examination.

In two of the three single cases the organism responsible was *Salmonella typhi-murium* (aertryke). In one of these a fried duck egg was suspected but this could not be confirmed. In the other case the source of infection could not be traced. The third case was thought to be due to metallic poisoning, but this was not substantiated.

In all cases the patients concerned recovered.

FOOD AND DRUGS ADULTERATION

310 samples of foods and drugs were taken under the Food and Drugs Act, 1938, by the Sanitary Inspectors and sent to the Public Analyst for analysis.

The tables on pages 61, 62 and 63 give summaries of the samples taken, the results of analyses and notes of the action taken in respect of adulterated samples.

Mr. A. S. Carlos, B.Sc., F.R.I.C., is the Public Analyst for the Borough, and the section of his report which deals with his work under the Food and Drugs Act, 1938, is appended:

"The number of samples taken under the Food and Drugs Act, 1938, was 310. These consisted of 124 formal samples and 186 informal samples. 17 samples were adulterated or irregular, representing a percentage adulteration of 5.5. This shows a slight increase over the figure of 4.8 for the previous year.

"Milk.—95 samples of milk were submitted for analysis, 12 of which were described as Channel Islands Milk. They were all genuine. The average composition of all samples of milk taken during the year, compared with those of the two previous years, was as follows:

	1949	1950	1951
Fat per cent.	3.57	3.51	3.62
Solids not fat per cent.	8.93	8.93	8.86

"Ice-Cream.—37 samples of ice-cream were submitted for analysis during the year. All these samples conformed with the standard of not less than 5 per cent. fat, 10 per cent. sugar, and $7\frac{1}{2}$ per cent. milk solids other than fat laid down by the Ministry of Food. The samples show that there has been a very great improvement in the quality of ice-cream sampled, particularly since the introduction of the new regulations (see Table on page 53).

"Table Jelly and Jelly Crystals.—Out of nine samples examined five did not comply with the standard laid down by the Ministry of Food, all these being deficient in sugar to varying extents.

"Shredded Beef Suet. This article is prepared by coating the shredded suet with flour, preferably rice flour. Five samples were examined, and of these two, including one formal sample, failed to comply with the minimum of 83 per cent. of fat.

"Pork Sausage and Sausage Meat.—New Regulations were introduced during the year which permitted the addition of not more than 6 per cent. of milk powder to sausage and sausage meat in which case the meat content may be reduced to 55 per cent. instead of 65. Only three samples were examined and two of these were deficient in meat.

"Cheese.—Eight samples were examined and all found to be genuine, although in two cases the fat content was low and the samples were of very poor quality.

"Other Samples.—The remainder of the samples of food submitted for analysis were found to be genuine and of good quality.

"Drugs.—Forty-three samples of drugs were examined and of these seven were found to be adulterated or irregular. This represents a fairly high percentage, and is a great increase on last year, when only one sample out of 43 was adulterated.

"One of these samples, Aspirin Tablets, was deficient in weight beyond the limit allowed. The two samples of Ammoniated Tincture of Quinine, were deficient in ammonia, which might have resulted from long storage. Prolonged storage may also have accounted for the excess of Iodine in the sample of Tincture of Iodine. Two samples of Liquorice Powder and one of Wintergreen Ointment had probably been incorrectly dispensed.

"New Orders.—A number of new orders have been issued by the Ministry of Food during the year and for convenience those which concern the working of the Food and Drugs Act are listed in a separate table.

"ARTHUR S. CARLOS, *Public Analyst.*"

Samples taken for analysis under the Food and Drugs Act

	Formal	Informal	Total	Genuine	Adulterated
Foods					
Baking Powder	—	5	5	5	—
Bitter Beer	7	2	9	9	—
Butter	2	2	4	4	—
Cake Flour Mixture	—	4	4	4	—
Cheese	6	2	8	8	—
Christmas Pudding	—	1	1	1	—
Cinnamon	—	1	1	1	—
Cloves	—	1	1	1	—
Cocoa	3	4	7	7	—
Cocconut, desiccated	1	1	2	2	—
Coffee Extract	2	—	2	2	—
Cooking Fat	—	1	1	1	—
Custard and Blancmange Powder ...	—	5	5	5	—
Dessert Powder	—	5	5	5	—
Dried Fruit and Sugar	1	—	1	1	—
Fish Cakes	1	—	1	1	—
Fish Paste	—	3	3	3	—
Flour, plain	1	1	2	2	—
Flour, self raising	2	—	2	2	—
Ice Cream	—	37	37	37	—
Jam	1	—	1	1	—
Jelly Crystals	—	2	2	—	2
Jelly Table	2	5	7	4	3
Lime	—	1	1	1	—
Lemon Curd	—	1	1	1	—
Lime Preserve	—	1	1	1	—
Lollies, Iced	—	1	1	1	—
Margarine	6	4	10	10	—
Meat Paste	—	4	4	4	—
Milk	68	15	83	83	—
Milk, Channel Islands	5	7	12	12	—
Mincemeat	—	1	1	1	—
Morfat Whipping	—	1	1	1	—
Oatmeal	—	1	1	1	—
Olive Oil	—	2	2	2	—
Pastry, flour	—	1	1	1	—
Pepper, black... ..	—	1	1	1	—
Pepper, white	—	2	2	2	—
Rennet, essence of	—	2	2	2	—
Rice	1	—	1	1	—
Saccharin Tablets	—	1	1	1	—
Sausages, pork	2	—	2	1	1
Sausage Meat, pork	1	—	1	—	1
Sherbet	—	1	1	1	—

Samples taken for analysis under the Food and Drugs Act—contd.

	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Genuine</i>	<i>Adulterated</i>
Foods—continued					
Soft Drinks:					
Lemon Barley	—	2	2	2	—
Orange Squash	—	2	2	2	—
Soft Drink Tablets	—	1	1	1	—
Spice, Mixed	2	3	5	5	—
Spice, Mixed Pickling	—	1	1	1	—
Sponge Mixture, sweetened	—	1	1	1	—
Suet, beef, shredded	1	4	5	2	3
Sugar, granulated	—	1	1	1	—
Tea	6	2	8	8	—
Drugs					
Aspirin Tablets	—	2	2	1	1
Ammoniated Tincture of Quinine	1	1	2	—	2
Bisurated Magnesia Tablets	—	1	1	1	—
Boracic Powder	—	1	1	1	—
Boric Ointment	—	1	1	1	—
Calcium Sodium Lactate Tablets	—	1	1	1	—
Camphorated Oil	—	2	2	2	—
Castor Oil	—	1	1	1	—
Citric Acid	—	3	3	3	—
Cream of Tartar	1	5	6	5	1
Cod Liver Oil	—	1	1	1	—
Epsom Salts	—	3	3	3	—
Eucalyptus Oil	—	1	1	1	—
Glycerine	—	1	1	1	—
Iodine, Tincture of	—	1	1	—	1
Liquorice Powder, compound	1	1	2	1	1
Parrish's Syrup	—	1	1	1	—
Seidlitz Powder	—	1	1	1	—
Sodium Bicarbonate	—	1	1	1	—
Sodium Bicarbonate tablets	—	1	1	1	—
Sulphur, flowers of	—	1	1	—	1
Wintergreen Ointment, stronger	—	1	1	—	1
Zinc Ointment	—	8	8	8	—
TOTAL	124	186	310	293	17

Samples taken under the Sale of Food and Drugs Act during 1951 and found to be adulterated or irregular

No.	Sample	Formal or Informal	Nature of Adulteration	Action taken
C.19	Jelly Table ...	I.	2.9% deficient in sugar	Formal sample taken (C.32)
C.20	Jelly Crystals ...	I.	5.6% " " "	Formal sample taken (C.30)
C.22	Jelly, Table ...	I.	11.2% " " "	Formal sample taken (C.32)
C.30	Jelly Crystals ...	F.	3.4% " " "	Vendor cautioned
C.32	Jelly, Table ...	F.	4.5% " " "	Vendor cautioned
A.26	Sausages, Pork ...	F.	7.8% " " meat	Vendor cautioned
A.29	Sausage Meat, Pork ...	F.	7.5% " " "	Vendor cautioned
A.2	Suet, Beef, shredded	I.	14% " " fat	Formal sample taken (A.10)
A.10	Suet, Beef, shredded	F.	8.2% " " fat	Manufacturer cautioned
A.21	Suet, Beef, shredded	I.	9.9% " " fat	Manufacturer cautioned
C.36	Aspirin Tablets ...	I.	16% weight deficient in aspirin	Irregularity due to incorrect size of tablets. Manufacturer communicated with.
A.58	Ammoniated Tincture of Quinine	I.	31.1% w/v deficient in ammonia	Formal sample taken (A.64)
A.64	Ammoniated Tincture of Quinine	F.	38.9% w/v deficient in ammonia	Manufacturer cautioned
D.8	Cream of Tartar ...	I.	11 p.p.m. excess of lead	No action. Formal sample satisfactory.
E.3	Iodine, Tincture of ...	I.	6% excess iodine	No action.
B.30	Liquorice powder compound	I.	24.5% deficient in sulphur	No action. Formal sample satisfactory.
A.57	Wintergreen Ointment, stronger	I.	21.3% deficient in sugar	Manufacturer cautioned re labelling of tin.
			26.4% deficient in methyl salicylate	

**ORDERS ISSUED DURING 1951 AFFECTING
THE SALE OF FOOD AND DRUGS ACT**

<i>Order</i>	<i>Title</i>
S.I. No. 1196.	The Food Standards (Edible Gelatine) Order, 1951.
S.I. No. 668.	The Food Standards (Cream) Order, 1951.
S.I. No. 1456.	The Food Standards (Fish Paste) Order, 1951.
S.I. No. 1457.	The Food Standards (Meat Paste) Order, 1951.
S.I. No. 13.	The Food Standards (Ice-cream) Order, 1951.
S.I. No. 462.	The Labelling of Foods (Amendment) Order, 1951 (Christmas Puddings).
S.I. No. 314.	The Meat Product and Canned Meat (Amendment) Order, 1951.
S.I. No. 1029.	The Meat Product and Canned Meat (Amendment No. 2) Order, 1951.
S.I. No. 137.	The Soft Drinks (Amendment) Order, 1951.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Although the Medical Officer of Health of a Sanitary Authority is responsible for the investigation and control of outbreaks of infectious diseases in his district, a Medical Officer of Health has no statutory responsibility for the clinical diagnosis of any case of suspected infectious disease.

Under the National Health Service Act, 1946, the Borough Infectious Diseases Hospital, which received patients from Poole and East Dorset passed, on the 5th July, 1948, to the South-West Metropolitan Regional Hospital Board, and the Medical Officer of Health, Poole, as such, was no longer responsible for the administration of the hospital or the treatment of the patients admitted. The administration of the Infectious Diseases Hospital became the responsibility of the Bournemouth and East Dorset Hospital Management Committee, and the treatment of the patients the responsibility of visiting physicians appointed by the Regional Hospital Board.

The Medical Officer of Health, Poole, has carried out clinical duties at this hospital since 1929 (and his Deputy since 1942) and, by their grading by the Regional Hospital Board as Consultant Physician in Infectious Diseases and Senior Hospital Medical Officer respectively, continuity of clinical care and close association of the preventive with the diagnostic and curative services in relation to infectious diseases have been preserved, to the mutual advantage of the Local Authorities and the Hospital Service. Effective liaison and co-operation have been maintained with the Medical Officers of Health of Bournemouth, Christchurch and the surrounding districts in East Dorset and West Hants served by the hospital.

Deaths

During 1951 there were no deaths in Poole from diphtheria, scarlet fever, measles, or the enteric group of fevers.

Diphtheria

For the second time in over 50 years not a single case of diphtheria occurred. This disease, which formerly was a grave menace to child health, has for the present disappeared from the Borough. This happy situation is largely due to the immunisation of the child population which has been assiduously practised since 1929.

The incidence of this disease and its death rate in Poole since 1907 are shown below:

Year	Notification	Deaths	Year	Notification	Deaths
1907	1.50	.58	1929	4.25	.26
1908	1.39	.24	1930	3.38	.15
1909	.89	.19	1931	1.55	.06
1910	2.07	.19	1932	.94	.02
1911	1.25	.23	1933	.19	.02
1912	1.70	.47	1934	.13	—
1913	1.21	.28	1935	.27	.04
1914	1.57	.17	1936	.29	.05
1915	.77	.12	1937	.16	.03
1916	1.06	.12	1938	.16	—
1917	1.06	.18	1939	.40	.04
1918	1.11	.17	1940	.56	—
1919	1.87	.10	1941	.18	.06
1920	3.25	.02	1942	1.06	.13
1921	1.52	.08	1943	.60	.13
1922	.60	.05	1944	.61	.03
1923	.11	—	1945	.15	.01
1924	.46	.03	1946	.10	.02
1925	.76	.05	1947	.06	—
1926	.26	—	1948	.01	—
1927	.04	—	1949	.01	—
1928	.85	.02	1950	—	—
			1951	—	—

That Poole is not alone in the remarkable decline in the incidence and mortality of this disease is shown by the following information supplied by the Ministry of Health.

"The provisional figure for deaths from diphtheria in England for 1949 (the latest full year for which a total is available) was 85, compared with an average of about 2,800 deaths annually in the 10-year period, 1931/40. *For the eighth year in succession, therefore, the number of deaths was the lowest ever recorded.* (The provisional number of deaths for the first half of 1950 was 32 compared with 53 for the same period of 1949.)

"The total of deaths and notifications during the past 10 years are as follows:

Year	Deaths	Cases	
		(Original Uncorrected)	(Corrected)
1940	2,480	46,281	—
1941	2,641	50,797	—
1942	1,827	41,404	—
1943	1,371	34,662	—
1944	934	(29,949)	23,152
1945	722	(25,246)	18,571
1946	472	(18,283)	11,967
1947	244	(10,465)	5,592
1948	156	(8,035)	3,560
1949	85*	(4,971)*	1,897*

* Provisional.

"The provisional figures of corrected notifications for the first half of 1950 are 565, compared with 1,149 for the same period of 1949."

From 1929 to 1935 I tried out in Poole the efficacy of various diphtheria prophylactics and in 1935 found that two small widely-spaced doses of alum precipitated toxoid, which up to then had been used elsewhere as a "single shot" method of immunisation, gave excellent immunising results.

I reported my findings at the Royal Sanitary Institute Congress, 1935, and at the Second International Congress for Microbiology, London, in 1936.† 500 children, aged 1-14, were immunised with alum precipitated toxoid in two small doses at an interval of four weeks, with minimal and negligible reactions. 300 of these children were Schick tested within two months of the second dose and in only one case was a positive obtained; a four-fold toxin was used in testing 117 of these children. From these results I concluded that this was a simple and highly efficient method of immunising against diphtheria. In 1940 the Ministry of Health in its Memorandum 170/Med recommended this procedure in its national campaign for diphtheria immunisation.

It is gratifying to record that this method, which was experimentally worked out in Poole in 1935, has proved its value with the passing of the years and is still the procedure most widely used not only in this country but elsewhere throughout the world.

† Chesney. Proc. 2nd. Internat. Congr. Microbiol. Lond. 1936, p. 483.

At the Annual Meeting of the British Medical Association, Belfast, 1937, in an address on Diphtheria Immunisation to the Section of Hygiene and Public Health, I concluded my paper with the following statement:

“With a general extension of the practice of active immunisation to the whole child community, this country could in a generation remove diphtheria from its place among the deadly diseases of childhood. Nearly seventeen hundred years elapsed between the recognition in the second century of diphtheria as a clinical entity, and the completion of the clinical picture of the disease in the early days of the nineteenth century. Another hundred years passed before the early results of active immunisation showed the world that the conquest of the disease was in sight. Will another hundred years be allowed to elapse before its elimination by active immunisation is an accomplished fact?”

Diphtheria has been banished for the present from Poole, and is declining rapidly in England, but a warning is opportune. Constant vigilance on the part of the health authorities and continued immunisation of the child population are essential if this enemy of the children is to be held in check.

Scarlet Fever

Of recent years this disease has become mild in type with few complications and the admission of cases to hospital has not been encouraged. Where, however, the facilities for home isolation are unsatisfactory, or where the case is associated with the distribution of milk or food, admission is arranged.

The term “Scarlet Fever” is misleading, both to the medical profession and to the public. The disease is so-called because of the occurrence of the bright red rash which is its most striking characteristic. This rash is the outward sign of an infection with a haemolytic streptococcus which is erythrogenic. In children the disease is essentially a tonsillitis, plus a rash. In adults this disease occurs usually as a tonsillitis, but without the rash, and the adult’s tonsillitis is just as infective as that of the child. It is illogical to notify as suffering from an infectious disease a child with tonsillitis and a rash, and to disregard notification of the child’s mother who has the same infection but no rash.

The following table shows the incidence of Scarlet Fever and the admissions to hospital during the past 10 years.

Year	No. of Cases	Admitted to Hospital
1941	127	118
1942	189	148
1943	100	66
1944	94	51
1945	49	24
1946	63	47
1947	63	40
1948	106	66
1949	49	33
1950	43	21
1951	18	6

Poliomyelitis

This disease was made notifiable in 1912, but until 1947 its incidence was low in this country. Since 1947, however, there has been a marked increase in its prevalence and in this Poole has shared. The disease seems to follow a seasonal course, starting in late summer, reaching a maximum incidence in the autumn and thereafter falling to a low level in winter and spring.

No satisfactory explanation of the marked increase in the incidence of poliomyelitis of recent years in this country has been forthcoming, but the answer may be found among the following alternatives:

1. The loss by the community to some extent of its immunity to the indigenous virus;
2. An increase in the virulence of the "native" virus;
3. The introduction of a new strain of virus to which the community has yet to become immune.

When cases of poliomyelitis are occurring in a community the number of sub-clinical infections far exceeds the number of overt cases. It is probable that for every 100 persons infected with the virus of poliomyelitis only one shows appreciable clinical evidence of infection.

Poliomyelitis was formerly known as "infantile paralysis", but this is a misnomer as there has in recent years been a shift in the age incidence from the under fives to the older children and young adults, in fact it is, in my experience, in the young adults that the majority of the dangerous and often fatal bulbo-spinal cases occur.

During 1951 there were 8 cases notified in Poole, with no deaths. 6 cases were under 10 years of age, and 2 cases in age group 10 to 20 years.

There is doubt as to how the virus invades the body. For some time it was regarded as being droplet-borne, gaining access to the central nervous system through the nasal mucosa. Of recent years more attention has been paid to the probable entry through the gastro-intestinal tract. It has been shown that the virus can be found in the pharynx for about a week after the onset of the disease and that the virus can be recovered from the faeces for 4-8 weeks. As a large number of those infected with the virus show no clinical evidence of the disease, the number of persons excreting the virus in their faeces during a time of epidemic prevalence may be considerable. For this reason it is wise, until the pathogenesis of poliomyelitis is more clearly established, to assume that the temporary intestinal carrier can play a considerable part in the dissemination of the infection, and preventive measures should pay considerable attention to the hygiene of the hands.

Measles

Measles became a notifiable disease in 1940, in which year there was a major outbreak in the Borough, 1,694 cases being notified.

In 1949 there was again a major outbreak, 1,134 cases being notified. This outbreak created in the child population a high level of immunity to the virus of measles, for in 1950 only 82 cases were recorded. The number of cases notified in 1951 rose sharply to 1,469, owing to the fact that the comparative absence of the disease in 1950 had allowed the level of immunity to fall. The following table indicates that this disease tends to follow a biennial rhythm.

<i>Year</i>	<i>Number of cases of measles</i>	<i>Year</i>	<i>Number of cases of measles</i>
1940	1,694	1946	533
1941	326	1947	882
1942	736	1948	528
1943	353	1949	1,134
1944	725	1950	82
1945	293	1951	1,469

Whooping Cough

The incidence of whooping cough was low during 1949 but there was a sharp rise in the number of cases in 1950, when 449 cases were notified. In 1951 there were 390 cases, with 2 deaths.

Tuberculosis

Up to the 5th July, 1948, the Medical Officer of Health of the County of Dorset was responsible for the county scheme for the diagnosis and treatment of tuberculosis. From the 5th July, the diagnosis and treatment of tuberculosis became the responsibility of the Regional Hospital Board, Chest Physicians being appointed, but the Medical Officer of Health is still responsible for taking what steps he can to prevent and control this disease and his powers and duties under the Tuberculosis Regulations are not affected.

The disease has shown an increased incidence throughout the country during the war and post-war years. The housing shortage with its unavoidable overcrowding and the shortage of hospital beds for highly infective and incurable cases have been the main contributing factors in the increased incidence. Because tuberculosis, unlike the majority of other communicable diseases, is a slow infection which may not declare itself in an acute form for several years after the initial infection, there is a certain complacency in dealing with it as a preventable infectious disease. When the community has been taught that tuberculosis is an infectious disease which can be prevented, an educated public opinion will insist that a greater effort is made to secure its prevention.

In this connection, the fullest use should be made of the facilities offered by the Mass Radiography Units, as if this disease is detected in its early stages full recovery is more certain and the danger from undetected cases is reduced.

In the following Tables particulars are given of the position regarding the incidence of the disease in recent years.

	First Notifications		Formerly notified new residents		Deaths	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	—	52	3
1940	47	13	15	—	39	11
1941	53	10	14	—	42	5
1942	55	10	8	1	38	4
1943	55	17	12	1	34	2
1944	73	27	20	2	45	6
1945	49	11	27	2	37	5
1946	65	11	31	6	47	8
1947	87	11	37	2	40	3
1948	56	11	20	5	35	3
1949	55	10	37	—	22	1
1950	68	16	39	6	27	3
1951	62	6	36	4	18	2

For the year under review, the details are as follows :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-	—	—	—	—	—	—	—	—
1-	—	1	—	—	—	—	—	1
5-	—	2	—	—	—	—	—	—
15-	4	16	3	1	—	1	1	—
25-	6	9	—	—	—	4	—	—
35-	6	2	—	—	1	—	—	—
45-	5	2	—	1	3	—	—	—
55-	3	1	1	—	2	1	—	—
65 & upwards	4	1	—	—	4	2	—	—
Totals	28	34	4	2	10	8	1	1

Of the deaths from the respiratory form:—

5 had been notified during 1951	3 had been notified during 1946
2 " " " " 1950	1 " " " " 1945
2 " " " " 1949	1 " " " " 1939
1 " " " " 1948	1 " " " " 1919
2 " " " " 1947	

Of the 2 non-pulmonary deaths, 1 was due to tuberculosis of the spine and 1 to tuberculous meningitis.

**CASES ADMITTED TO ALDERNEY INFECTIOUS DISEASES
HOSPITAL FROM POOLE BOROUGH DURING 1951**

Pneumonia	...	...	...	...	...	9
Scarlet Fever	...	...	...	...	...	6
Strep. Infection	...	...	...	...	...	1
Tonsillitis	...	...	...	...	...	6
Measles	...	...	...	...	...	20
Chickenpox	...	...	...	...	...	2
Measles-Pneumonia	...	...	...	...	...	6
Neurasthenia	...	...	...	...	...	1
N.A.D.	...	...	...	...	...	1
Whooping cough	...	...	...	...	...	3
Pneumonia-Erysipelas	...	...	...	...	...	1
Subarachnoid-Haemorrhage	...	...	...	...	...	2
Influenza-Pneumonia	...	...	...	...	...	1
Paratyphoid B	...	...	...	...	...	1
Babies with mothers (Healthy infants)	...	...	...	...	...	4
Erysipelas	...	...	...	...	...	3
Whooping cough-Pneumonia	...	...	...	...	...	4
A.P.M.	...	...	...	...	...	8
Vincent's Angina	...	...	...	...	...	1
C.S.M.	...	...	...	...	...	4
P.U.O.	...	...	...	...	...	3
Cellulitis	...	...	...	...	...	1
Mumps	...	...	...	...	...	3
Diarrhoea	...	...	...	...	...	1
Impetigo	...	...	...	...	...	2
Puerperal Pyrexia	...	...	...	...	...	2
Enteritis	...	...	...	...	...	1
Malaria	...	...	...	...	...	1
Limb Injuries	...	...	...	...	...	2
Chronic Constipation	...	...	...	...	...	1
Nervous debility (Climacteric)	...	...	...	...	...	1
TB/Pneumonia	...	...	...	...	...	1
? T.B. Kidney	...	...	...	...	...	1
Pleural effusion	...	...	...	...	...	1
Observation	...	...	...	...	...	1
TOTAL						106

BOROUGH OF POOLE

ANNUAL REPORT

of the

Port Medical Officer

On the Health of the Port of Poole

FOR THE YEAR

1951

PART II

PUBLIC HEALTH COMMITTEE, 1951 (acting as Port Health Authority)

Chairman:

Alderman D. A. HAYNES, J.P.

Vice-Chairman:

Councillor F. V. CRAWSHAW

Aldermen:

S. D. BALLAM
J. BRIGHT, J.P.

A. B. HAYNES, J.P.
J. ROSS MACMAHON

Councillors:

Mrs. J. D. COLES
R. C. HART
Mrs. E. M. HICKINSON, J.P.
Mrs. M. E. WALTERS

Miss M. M. LLE WELLIN, J.P.
L. J. MATCHAM
L. S. MILLER
J. NEAL

Mrs. A. WILLIS

OFFICERS OF THE AUTHORITY

Clerk to the Port Health Authority:

WILSON KENYON, Town Clerk

Medical Officer of Health:

GEORGE CHESNEY, M.D., D.P.H.

Deputy Medical Officer of Health:

JAMES A. SINCLAIR, M.B., D.P.H.

Port Health Inspector:

ROBERT LEGGAT, F.S.I.A.

Deputy Port Health Inspector:

C. A. TRIM, Cert. R.S.I.

Rodent Officer:

G. W. SKEGGS

Office Clerk:

Miss E. I. TAPPER

PREFACE

To the Chairman and Members of the Public Health Committee, acting as the Port Health Authority.

I submit for your information and consideration the report of the Port Medical Officer of Health for the year 1951. This is the report of Dr. George Chesney, who retired on the 31st January, 1952. My part in it has been confined to seeing it safely into print.

The report is made in accordance with the regulations of the Ministry of Health which prescribe the duties of the Medical Officer of Health, and with Ministry of Health Memorandum 302/S.A. dated December, 1946, and Circular 42/51 dated 10th December, 1951.

Constitution of the Port Health Authority

The Port was permanently constituted a Port Sanitary Authority by an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

Ancient Limits of Jurisdiction, 1365-1609

On the 26th April, 1365, the Barons of Winchelsey sent to the Mayor and Burgesses of Poole the Winchelsey Certificate which clearly defined the maritime jurisdiction of the port which was known in those days as the "Haven of the Pole".

Bernard Short, the Borough Librarian, records: "It is clear to all who read this certificate that the people of Poole, in those early days, were keenly alive to their privileges. From time immemorial, down to the passing of the Municipal Corporations Act in 1835, Poole had always been favoured with an exempt admiralty jurisdiction, the Mayor being Admiral of the Port and President of the Admiralty Court."

In the "booke of admyrall courts" covering the period 1550 to 1834 there is a record of a court held in 1609 at which the jurors presented the following statement of the limits of Admiralty jurisdiction of the Port: "that the liberties, franchises and privileges of this towne and poorte of Poole is knowne att this daye and from time to time before this daye, whereof the memorie of man doth not know to the contrarie, is and begineth from a place called Shaggrogg, alias Shaggrocke, being about Russell poynte, and so goeth all alonge that channell yntill you come to North hauen poynte, and from the North hauen poynte as farre to sewaard as a humber barrell maie be seene and described in the sea."

The ceremony of the "Beating of the Water Bounds" of the Port is still carried out with due pageantry by the Admiral of the Port of Poole.

The importance of the Port of Poole at the end of the 16th century is indicated by the Customs Return of the year 1595. In that year, the dues collected at Poole amounted to £3,121 11s. 0d. In the same year the dues collected at Southampton were £1,478 19s. 3½d.; at Bristol £1,533 11s. 9d.; and at Cardiff £38 1s. 1d.

Limits of Jurisdiction, 1909

"The jurisdiction of the said Port Sanitary Authority shall extend to so much of the said Port of Poole as lies to the westward of a straight line drawn across the mouth of Poole Harbour from the easternmost point of North Haven to the easternmost point of South Haven; together with the waters of the said port within such limits, and the place or places for the time being appointed as the Customs Boarding Station or Stations for such part of the said Port, and every other place for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of disease issued under the authority of the statutes in that behalf; and the watersides of the District of the said Port Sanitary Authority constituted as aforesaid, and the docks, basins, harbours, creeks, rivers, channels, roads, bays and streams belonging to that part of the said Port for which such Authority is constituted as aforesaid."

Poole Seaport, 1951

During 1951, 256 foreign craft with a tonnage of 26,799 entered the port compared with 255 with a tonnage of 27,071 in 1950. There was a considerable increase in the coastwide traffic due to the new power station coming into operation at the beginning of the year. The number of vessels was 826 with a tonnage of 294,723, compared with 695 vessels with a tonnage of 216,936 in 1950.

Dr. Chesney asked me, when presenting his report, to express his thanks to the Harbour Master, Captain C. H. Horn, and the Officers of H.M. Customs for their ready co-operation and help during the year, and to the Port Health Inspector, Mr. R. Leggat (who has prepared the main portion of the report) and his Deputy Mr. C. A. Trim, for their willing assistance and interest in the work.

Yours faithfully,

JAMES HUTTON,

Port Medical Officer.

March, 1952.

ANNUAL REPORT OF THE PORT MEDICAL OFFICER FOR THE YEAR 1951

The Medical Officer of Health of the Borough of Poole is also Port Medical Officer of Poole. He is assisted by the Deputy Medical Officer of Health who is Deputy Port Medical Officer. The Chief Sanitary Inspector of the Borough is Port Health Inspector and is assisted by the Deputy Port Health Inspector. Close co-operation exists between the Officers of H.M. Customs, the Harbour Master and the Port Medical Officers.

Poole is chiefly a cargo port, the majority of the vessels being engaged in the coastal transport of coal, oil and petrol, though there is also a regular traffic in timber from continental countries. During the summer the port is the base for pleasure steamers operating between the local seaside resorts, but this is the only passenger traffic. Fishing is still carried on from the port, though only during the sprat season are landings heavy. The harbour is one of the great yachting centres of Britain, and the building, servicing and repair of yachts and other boats is one of the industries of the port.

The public quay accommodation consists of 3,000 feet frontage, i.e.:

Hamworthy Quay	500 feet at 15ft low water ordinary tide				
Town Quay	1000 feet at 16ft.	"	"	"	"
	1000 feet at 15 to 10ft.	"	"	"	"
	500 feet shallow berthing (for yachts).				

There are also some 3,500 feet of private wharves, including 1,000 feet of new wharfing constructed in 1950 by the British Electricity Authority for the new power station, Hamworthy. All the public quays are serviced by railways. Unloading equipment consists of one 3-ton electric travelling crane belonging to the Harbour Commissioners and four electric cranes and two steam cranes belonging to private firms. There are, in addition, two privately-owned coal transporters each capable of dealing with between 1,000 and 1,200 tons of coal per day. Ship repairing facilities include seven yards capable of carrying out repairs to ships and yachts.

There is in the harbour an extensive area of safe anchorage. The depth of the water at the Harbour Bar is 13 feet at mean low water springs and 19 feet at mean high water springs and both flood and ebb tides run at about $\frac{3}{4}$ of a knot. The channels are kept dredged and ships drawing 16 feet can enter the Port at high tides.

The telegraph address of the Port Health Authority is registered as "Portelth Poole".

I. Amount of Shipping Entering the Port during the Year 1951
Table A

Class	Number	Tonnage	Number inspected by Sanitary Inspector	Number reported to be defective	Number of vessels on which defects were remedied	Number of vessels on which defects were found and reported to Ministry of Transport Surveyors	Number of vessels reported as having had, during the voyage, infectious disease on board
Foreign							
Steamers ...	28	14178	13	1	—	Nil	Nil
*Motor ...	61	9973	48	1	—	—	—
Sailing ...	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—
Yachts ...	167	2648	—	—	—	—	—
Total Foreign	256	26799	61	2	—	—	—
Coastwise							
Steamers ...	311	199397	24	3	2	—	—
*Motor ...	515	95326	21	2	2	—	—
Sailing ...	—	—	—	—	—	—	—
Fishing ...	—	—	—	—	—	—	—
Total Coastwise	826	294723	45	5	4	—	—
Total Foreign and Coastwise	1082	321522	106	7	4	—	—

* Includes mechanically propelled vessels other than steamers

II. Character of Trade of Port

(a) There are no regular passenger services with other countries and the return for Table B (passenger traffic) is therefore "nil". During the summer passenger services are maintained between Poole, Bournemouth, Isle of Wight, Swanage and Weymouth.

(b) Cargo traffic.—Imports from abroad were chiefly timber, fertilizer, stone and bog ore. The only exports were china clay, coke and spent oxide. Coastal traffic was chiefly in coal, oil, stone and barley.

(c) The chief ports and places from which vessels arrive are the Channel Islands, near French ports, Antwerp, Rotterdam, Hamburg and the Baltic ports.

III. Water Supply

The water supply for the port and shipping is that from the town mains. This is a softened, filtered and chlorinated water of high bacterial purity. The supply was sampled every two or three days throughout the year and every sample was reported as Class I—highly satisfactory. The water supply is delivered direct to ships from the mains on the Quay. During the year 6 samples of the water supplies from the main were taken for bacteriological examination from ships at the Quay and all were reported as Class I—highly satisfactory. Of 4 samples of water taken direct from hydrants on the Quay 3 were Class I. One sample showed slight evidence of non-faecal contamination which was traced to surface water gaining entrance to the hydrant box. Means to obviate this are being investigated.

One small private water boat was in use in the harbour during part of the summer for the supply of water to small yachts. A sample of the supply from this boat was taken during the season and reported as Class I.

IV. Port Health Regulations, 1933 and 1945

(1) Declaration of Health.

Supplies of the standard Declaration Forms are issued to the Harbour Master, the Customs Officers and the Pilots' Office. These are given by the first of these officers boarding ships to the Masters of ships on arrival within the harbour and returned to the Boarding Officer of the Customs, who forwards them immediately to the Port Medical Officer.

(2) Boarding of Vessels on arrival.

Vessels are boarded upon arrival by H.M. Customs Officers and arrangements have been made for the Boarding Officer to contact the Port Medical Officer immediately by phone in the case of inward vessels requiring special or immediate attention.

(3) Notifications of all ships arriving in the harbour are collected daily from the Harbour Master's Office for the use of the Port Medical Officer and the Port Health Inspectors.

(4) Mooring Stations.

A mooring station has been established at a point in the main channel, half way between Parkstone Shoal Light Buoy and Stakes Buoy, just clear of shipping. If so directed by the Port Medical Officer, the southern end of the New Quay, Hamworthy, can be used also.

(5) Detention of Ships and Persons.

There are no standing exemptions from the provisions of Article 14.

(6) Occasion has not arisen for the application of Article 16 (Restriction on boarding or leaving ships not free from control).

(7) Arrangements for Medical Inspections, Hospital Accommodation, Disinfection, etc.

(a) Special premises for medical examinations have not been provided at the seaport. Medical inspection rooms and waiting rooms, etc., are, however, available at all times at the Local Authority's Clinic close to the Quay.

(b) The cleansing and disinfection facilities (including steam disinfection and cleansing stations) of the Local Authority are available to the Port Health Authority at all times for the cleansing and disinfection of ships, persons and clothing and other articles.

(c) Temporary accommodation of persons for whom such accommodation is required for the purposes of the Regulations is available at the Alderney Infectious Diseases Hospital, Poole.

(d) Hospital accommodation is reserved at the Crabwood Smallpox Hospital, Winchester, for cases of smallpox. Other infectious diseases are treated at the Alderney Infectious Diseases Hospital, Poole.

(e) A full-time Ambulance Service of the Local Health Authority is available at all times.

(f) Supervision of contacts. Infectious disease contacts proceeding home are provided with notification postcards for use if required, and immediate notification sent to the Medical Officer of the district to which they are proceeding.

(8) and (9) Facilities for Bacteriological Examinations.

One of the constituent laboratories of the Public Health Laboratory Service of the Medical Research Council is located in Bournemouth and provides facilities for routine and special bacteriological and pathological examinations including the examination of rats for plague.

(10) Venereal Diseases.

Facilities for diagnosis and treatment for seamen suffering from Venereal Diseases are provided at two clinics, as follows:

Poole General Hospital, Longfleet Road, Poole—Fridays, 5 p.m.

Apart from the weekly clinic, arrangements have been made for seamen to obtain free treatment at this hospital on any day.

The Royal Victoria Hospital, Shelley Road, Boscombe—Wednesdays and Saturdays, 4 p.m.

Printed notices are made available for crews and display notices are also exhibited in suitable places in the vicinity of the Port.

(11) Arrangements for interment of Dead.

Removal to Town Mortuary, where action is taken to secure burial.

(12) Cases of Infectious Sickness on Vessels.

No cases of infectious sickness were landed from vessels during the year and no cases occurred of a vessel having infectious sickness on board during a voyage to the Port. Tables C and D are therefore omitted.

V. Measures against Rodents

Poole is an "Approved Port" for the issue of Deratisation and Deratisation Exemption Certificates in accordance with the provisions of Article 28 of the International Sanitary Convention, 1926, and Articles 19, 20 and 21 of the Port Health Regulations, 1933, are enforced in the Port.

Both the Port Health Inspector and the Deputy Port Health Inspector have been trained in deratisation procedure.

The Rodent Control Staff (one Rodent Officer and three operatives) of the Local Authority are available for work in the Port and all warehouses, etc., in the Port are included in the area of the Local Authority's rodent control scheme.

Measures taken in Ships

Masters and crew are interrogated and the ship in general and the crews' quarters in particular are examined for evidence of rats during routine inspection of ships by Port Health Inspectors.

Where evidence is found or suspected, detailed examinations are made by the Rodent Officer and deratisation carried out by him. Methods used for small infestations are trapping and baiting (Ministry of Food systems). Fumigation by sulphur dioxide can also be carried out in small infestations, but large scale fumigations would be carried out by arrangement with fumigation specialist firms from Southampton or London.

During inspections ships' deratisation or deratisation exemption certificates are examined as a matter of routine. On 10 ships the certificates were found to be out of date. Nine deratisation exemption certificates were issued after detailed inspection of ships and in the other instance the ship was returning to her home port for the renewal of certificate.

In no instance was evidence of rats found on a ship inspected in the port during the year.

Measures taken on shore

Warehouses, etc., in the port area are surveyed yearly by the Rodent Control Staff of the Local Authority under their block control scheme and all infestations found dealt with. Methods used include trapping, baiting (Ministry of Food system) and gassing. Many of the warehouses in the Quay area are very old and difficult to rat-proof, but rat-proofing of premises, such as flour mills and grain stores, found to be subject to rat infestation, is an essential part of the block system in force in the district.

Rats destroyed during the year.

Tables E and G (omitted) are "nil" returns.

Table F In Docks, Quays, Wharves and Warehouses

Number of Rats	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	2	—	—	12	—	—	—	—	—	8	—	—	22
Brown	12	22	—	50	20	10	—	64	30	10	—	8	226
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined	—	—	—	—	4	—	—	—	—	1*	—	—	5
Infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

* Black Rat

Table H. Deratisation Certificates and Deratisation Exemption Certificates
issued during the year

Net Tonnage	No. of Ships	No. of Deratisation Certificates issued					No. of Deratisation Exemption Certificates Issued	Total Cert- ificates Issued	
		After Fumigation with				Total			
		HCN.	Sulphur	HCN. and Sulphur					After Trapping Poisoning etc.
Ships up to 300 tons	7	-	-	-	-	-	7	7	
" from 301 tons to 1,000 tons	2	-	-	-	-	-	2	2	
" from 1,001 tons to 3,000 tons	-	-	-	-	-	-	-	-	
" from 3,001 tons to 10,000 tons	-	-	-	-	-	-	-	-	
" over 10,000 tons	-	-	-	-	-	-	-	-	
TOTALS	9	-	-	-	-	-	9	9	

VI. Hygiene of Crews' Space

Table J. Classification of Nuisances

<i>Nationality of Vessel</i>	<i>Number inspected during year</i>	<i>Defects of original construction</i>	<i>Structural defects through wear and tear</i>	<i>Dirt, vermin and other conditions prejudicial to health</i>
British ...	51	—	—	5
Other Nations	55	1	—	1

VII. Food Inspection

(1) There were no imports of foodstuffs during the year.

(2) Shell-fish.

Oysters are practically extinct in the harbour. In 1919 the production of oysters was quite a flourishing industry but subsequently production declined so rapidly that by 1935 all dredgings had ceased. Recently the revival of the industry has been mooted and in April, 1950, at the request of the Southern Sea Fisheries District Committee, a survey of the harbour was made by the staff of the Ministry of Agriculture and Fisheries, Fisheries Experiment Station. It is understood that their report is favourable to the re-establishment of the oyster industry in Poole Harbour and the Southern Sea Fisheries District Committee are now considering ways and means of doing this. Experiment layings have already been put down.

Cockles continue to be taken from the harbour in considerable numbers. Samples taken from the western and southern parts of the harbour in 1948 and 1949, for bacteriological examination in the Public Health Laboratory, Poole, showed that in those areas the cockles were either free from sewage pollution or only lightly affected.

Four sample batches (each containing 10 cockles) obtained during 1951 from the northern and eastern shores of the harbour (i.e., from the areas frequented by members of the public searching for cockles) were not so satisfactory. Two samples taken from the shore at Hamworthy showed no faecal coli per ml., but two taken from the shore at the Quay and Baiter contained 36 and 26 faecal coli per ml. respectively.

VIII. Pollution of the Harbour

In conjunction with the Chief Fishery Officer of the Southern Sea Fisheries District, efforts are being continued to trace all sources of chemical pollution of the Harbour. A number of sources are known and these are being sampled regularly to determine if the discharges are inimical to fish life.

ANNUAL REPORT

to the

Local Education Authority

on the

SCHOOL HEALTH SERVICE

in the

BOROUGH OF POOLE

FOR THE YEAR

1951

PART III

SCHOOL HEALTH SERVICE

Report of the School Medical Officer
for the year 1951

COMMITTEE FOR EDUCATION, 1951

Chairman: Alderman W. D. SIMMONDS, O.B.E.

The Worshipful the Mayor,

Vice-Chairman: Councillor Miss M. M. LLEWELLIN, J.P.

Aldermen:

S. D. BALLAM
A. J. DACOMBE, J.P.
A. J. H. PEARCE

J. BRIGHT, J.P.
D. A. HAYNES, J.P.

Councillors:

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G. S. BROWN, J.P.
W. J. GIDDINGS
Mrs. E. M. HICKINSON
L. MATCHAN
Mrs. M. E. WALTERS
S. M. WOODFORD

F. G. BARRETT
Mrs. D. J. COLES
E. A. HEBLEY
A. LLOYD ALLEN
J. NEAL
Mrs. A. WILLIS

County Council Members:

Eng.-Commander R. H. BAKER, R.N. Mrs. M. CHAMPION
Mr. R. E. CHISMAN, J.P. Mr. T. H. SUTTON, J.P.

Co-opted Members:

The Rev. Canon H. BARTON The Very Rev. Canon M. J. COUGHLAN
The Rev. W. DICKINSON Mr. A. J. MARTIN

Teachers' Representatives:

Mr. E. J. HERRING

Mr. L. J. W. FRY

STAFF

- School Medical Officer:* George Chesney, M.D., B.Ch., B.A.O., D.P.H.
- Deputy School Medical Officer:* J. A. Sinclair, M.B., Ch.B., D.P.H.
- Assistant School Medical Officers:* P. S. Blaker, M.R.C.P., M.R.C.S., D.P.H.
H. C. Williamson, M.B., B.Ch., B.A.O., D.P.H.
(Appointed 1.11.51)
- Senior Dental Officer:* W. K. Rimmer, L.D.S., D.D.S.
- Assistant Dental Officers:* R. Allen, L.D.S.
C. E. Thomas, L.D.S., R.C.S.
- School Nurses (Health Visitors):* Miss M. M. Kingsbury, S.R.N., S.C.M., H.V.C.
(Superintendent Health Visitor and School Nurse)
Miss H. Brooks, S.R.N., S.C.M., H.V.C.
Mrs. V. M. Hall, S.R.N., S.C.M., H.V.C.
Miss I. Koster, S.R.N., S.C.M., H.V.C.
Miss V. Kusel, S.R.N., S.C.M., H.V.C.
Miss L. B. Lever, S.R.N., S.C.M., R.F.N.
Mrs. V. Narbett, S.R.N., S.C.M., H.V.C.
Miss M. Phillips, S.R.N., S.C.M., H.V.C.
Miss K. F. Porter, S.R.N., S.C.M., H.V.C.
Mrs. M. Stapley, S.R.N., S.C.M., H.V.C.
- Dental Attendants:* Miss G. Forrest
Miss R. Nicholls
Mrs. E. T. Mattinson
- Clerks:* Mr. F. B. Edwards (Chief Clerk)
Mr. C. A. Fox
Miss P. Giles
Miss P. H. Stevens
Miss J. Beardsell

Medical Auxiliaries

- Speech Therapist:* Miss M. J. Bartels, L.C.S.T.
- Oral Hygienist:* Mrs. V. Murton
- Psychiatric Social Worker:* Miss A. D. Filliter

SCHOOLS

Primary

There are in the Borough 14 Primary Schools, of which 9, comprising 14 departments, are County Primary Schools provided and maintained by the Local Education Authority and 5 are Voluntary Primary Schools, of which 3, comprising 6 departments, are provided by the Church of England and 2 by the Roman Catholic Church.

The immediate building programme includes three infant schools at Sylvan Road, Wimborne Road (Oakdale) and Herbert Avenue, each with accommodation for over 320 pupils.

Nursery Classes

There are 2 nursery classes, with accommodation for 40 children, attached to infant schools. The proposed schools at Sylvan Road and Wimborne Road (Oakdale) will each provide 60 nursery places.

Secondary Modern Schools

There are 5 Secondary Modern Schools in the Borough.

Grammar Schools

There are 2 Grammar Schools in the Borough — Poole Grammar (Boys) and Parkstone Grammar (Girls).

Poole College for Further Education

Full-time students at this school come under the care of the School Health Service.

Private Schools

There are 17 Private Schools in the Borough.

Private schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

The Local Education Authority have not taken action under Section 78.

Accommodation

Average number on roll during December, 1951:

Grammar Schools	...	...	...	1,264
Secondary Modern Schools	...	...	...	2,825
Primary Schools	...	...	...	6,382
				<hr/>
				10,471
				<hr/>

Average attendance during December, 1951:

Grammar Schools	...	...	...	1,199
Secondary Modern Schools	...	...	...	2,566
Primary Schools	...	...	...	5,864
				<hr/>
				9,629
				<hr/>

Open Air Teaching

There are no open air schools in the Borough and no special facilities exist, but schools take lessons in the open air when the weather is suitable. New schools are being constructed, as far as is practicable, on open air lines.

THE SCHOOL HEALTH SERVICE AND THE NATIONAL HEALTH SERVICE ACT

A close liaison has been established between the General Hospitals and the medical officers employed in the School Health Service so that little or no difficulty has been experienced in arranging appointments with consultants in the various specialities, other than the waiting time involved. In ear, nose and throat cases this is often as much as 11 weeks and orthopaedic, 8 weeks. The hospital staff, however, have been extremely co-operative in fitting in urgent cases in a much shorter time.

Weekly lists of school children admitted to hospital or attending the out-patients department are submitted to the School Medical Officer. These lists give the dates of admission and discharge, together with the diagnosis in each case, which are duly noted in the child's medical records.

As the School Medical Officer is Poole Area Medical Officer under the National Health Service Act and as such is associated with the Care of Mothers and Young Children, Health Visiting, Vaccination and Immunisation, Prevention of Illness, Care and After-care, and Mental Health, co-ordination and follow-up are greatly facilitated. As he is also Medical Officer of Health of the Borough and Consultant

Physician at the Infectious Diseases Hospital, he is in a position to become aware at an early stage of any undue prevalence of infectious disease among school children and can initiate the necessary measures to deal with any outbreak. The Deputy School Medical Officer also gives a proportion of his time to these services of the 1946 Act, and is also employed by the Regional Hospital Board at the Infectious Diseases Hospital. There is thus a close co-ordination in the Borough of the National Health Services and the School Health Service.

THE AIM OF THE SCHOOL HEALTH SERVICE

The School Health Service is mainly preventive in character, and is thus chiefly concerned with the care of the physical and mental health of the school child. Another important function is the investigation, prevention and control of outbreaks of infectious disease.

Children are medically examined at regular periods during their school lives and in this way defects or diseases may be discovered in their early stages when the chance of cure or improvement are optimal.

The work of the School Health Service

The work of the School Health Service may be summarised as follows:

- (1) Routine and special inspection and re-inspection.
- (2) Examination of children for fitness for part-time employment.
- (3) Class by class inspection by the school nurses.
- (4) Minor ailment clinics.
- (5) Special clinics.
- (6) Ascertainment and classification of handicapped pupils.
- (7) Investigation and control of infectious disease.
- (8) Diphtheria immunisation.
- (9) Dental inspection and treatment.
- (10) Hygiene and sanitation of school premises, including school kitchens and canteens.

MEDICAL INSPECTION

Section 49 of the Handicapped Pupils and School Health Service Regulations provides for the medical inspection at stated periods of pupils in attendance at every school, not being a Special School, maintained by the Local Education Authority. These inspections are conducted, where possible, on the school premises and parents are invited to be present. The following are the approved arrangements:

- (a) Every pupil who is admitted for the first time to a maintained school is inspected as soon as possible after the date of admission.

- (b) Every pupil attending a maintained primary school is inspected during the last year of his attendance at such a school.
- (c) Every pupil attending a maintained secondary school is inspected during the last year of his attendance at such a school.
- (d) Every pupil attending a maintained school or county college is inspected on such other occasions as the Minister or the

Authority with the approval of the Minister may determine.

Each child is presented to the medical officer without shoes or stockings and stripped to the waist so that a fairly rapid but thorough general examination can be carried out.

If a child is found to be suffering from a defect, the parent is advised as to treatment or the child is referred for treatment to the family doctor, the appropriate clinic or the general hospital.

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

Medical Records

The medical records of all children attending maintained schools in the Borough are centralised in the School Health Section of the Health Department. This facilitates arrangements for medical inspection and "following-up".

Result of Medical Inspection

During 1951, 2,920 children were examined at routine medical inspections. Of these, 1,224 were entrants, 783 in the second age-group and 913 in the third age-group.

Of the 2,920 children examined, 568 were found to require treatment for various conditions, exclusive of defective nutrition, verminous conditions and dental caries.

1,040 special inspections and 1,387 re-inspections were carried out during the year.

School Leavers Survey

In collaboration with the Institute of Social Medicine, Oxford, and the County School Medical Officer, a special survey card was completed in respect of some 400 children who were due to leave school during the year. This was done at the time of their final routine medical examination.

The Head Teachers of the Secondary Modern Schools were most co-operative in providing information regarding individual school attendance and performance.

The value of the survey lay in establishing the relationships between:

- (a) School performance and attendance.
- (b) The age of the menarche in different social classes. (As judged by father's occupation.)
- (c) The age of the menarche in respect of place in family.
- (d) Major defects and social class.

No analysis of the results of this survey has been received.

Defects found at School Medical Inspections

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin ...	15	7	40	1
Eyes — (a) Vision ...	181	57	51	4
(b) Squint ...	25	23	1	—
(c) Other ...	22	27	119	—
Ears — (a) Hearing ...	6	11	1	2
(b) Otitis Media ...	—	5	2	—
(c) Other ...	1	1	40	—
Nose or Throat ...	124	284	76	12
Speech ...	18	24	11	2
Cervical Glands ...	6	41	8	1
Heart and Circulation ...	5	27	3	1
Lungs ...	8	38	—	1
Developmental — (a) Hernia ...	2	9	—	—
(b) Other ...	—	21	1	3
Orthopaedic — (a) Posture ...	28	27	5	1
(b) Flat foot ...	108	134	16	6
(c) Other ...	53	110	46	6
Nervous system — (a) Epilepsy ...	—	2	2	—
(b) Other ...	3	7	—	—
Psychological — (a) Development ...	2	9	81	6
(b) Stability ...	2	8	30	3
Other ...	7	20	437	2

General Condition

Three categories are used in the classification of a child's general condition:

A — better than normal or "good".

B — normal or "fair".

C — below normal or "poor".

The child's category is decided not only on a nutritional basis but also according to the presence or absence of defects. The figures for 1951 are as follows:

Age Group	No. of pupils inspected	A Better than normal or Good		B Normal or Fair		C Below normal or Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1224	894	73.0	324	26.5	6	0.5
Second age group...	783	557	71.1	222	28.4	4	0.5
Third age group ...	913	734	80.4	177	19.4	2	0.2
Other periodic inspections ...	—	—	—	—	—	—	—
TOTAL	2920	2185	74.8	723	24.8	12	0.4

The comparative figures for Category 'A' for 1949 and 1950 were 20.1 per cent. and 49.1 per cent. respectively, hence it would appear that the general condition of the school population has improved enormously over this period. In actual fact this apparent improvement is largely explained by changes of the medical staff during this time, each medical officer making a different interpretation of the definition of each category.

It would seem, therefore, that these figures can be of little use for statistical purposes.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act, 1944, to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1951, 127 children were examined for fitness for employment and a certificate of fitness was issued in each case.

In addition 17 children were examined for fitness to be employed in Entertainments (Pantomime). 16 certificates of fitness were issued and one child was considered medically unfit.

CLASS BY CLASS INSPECTION

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of infectious and contagious diseases.

During these rapid surveys 22,019 individual examinations were carried out. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 286 children were found to be infested with head lice and arrangements were made for their treatment at home, at a minor ailment clinic, or, in severe or persistent cases, at the special cleansing centre.

The standard to which the school nurses are instructed to adhere in these inspections is high. If a child has one nit, that is regarded as a case of infestation and is recorded. The finding of even one nit is evidence that a head louse has been present.

MINOR AILMENT CLINICS

As a rule complaints of a minor nature only are treated at the minor ailment clinics. Children who require treatment outside the scope of the clinic are referred to their family doctor, the appropriate special clinic or to the general hospital.

Minor Ailment Clinics are held as follows:

	<i>Address</i>	<i>Open on</i>	<i>Time</i>	<i>Doctor in Attendance</i>
(1)	The School Clinic, 67 Market Street, Old Town.	Monday and Thursday	9 a.m.	Monday
(2)	The School Clinic, Shillito Road, Parkstone.	Tuesday and Friday	9 a.m.	Friday
(3)	Hamworthy School	Tuesday and Friday	9 a.m.	Tuesday
(4)	Henry Harbin School	Thursday	11 a.m.	Thursday
(5)	Broadstone Women's Institute	Thursday	9 a.m.	Thursday
(6)	Kemp Welch School	Wednesday	9 a.m.	Wednesday
(7)	Herbert Carter School	Tuesday and Friday	10.45 a.m.	Tuesday

Attendances at Minor Ailment Clinics in 1951 were as follows :—

	No. of children	No. of attendances
Old Town	287	293
Parkstone	492	724
Hamworthy	228	527
Broadstone	118	182
Henry Harbin School ...	77	116
Kemp Welch School ...	167	281
Herbert Carter School ...	119	254
	<hr/> 1488	<hr/> 2377

The following is a summary of defects found in children attending Minor Ailment Clinics during the year :—

Skin	70
Eyes (a) Vision	60
(b) Squint	1
(c) Other	192
Ears (a) Hearing	—
(b) Otitis Media	2
(c) Other	104
Nose or Throat	102
Speech	7
Cervical Glands	21
Heart and Circulation	3
Orthopaedic (a) Posture	4
(b) Flat foot	9
(c) Other	50
Psychological (a) Development	4
(b) Stability	14
Other	1639
TOTAL	<hr/> 2282

REMEDIAL EXERCISE CLASSES IN SCHOOLS

Remedial exercise classes for children suffering with minor orthopaedic defects such as flat feet, knock knee, poor posture, etc., are held in all but two of the maintained schools in the Borough.

These classes are organised by the County Remedial Organiser.

A member of the teaching staff of each school has attended special courses arranged by the County Remedial Organiser to enable them to run the class in their own school. An eight week sessional course was held at the Lagland Street Infants School during January and February and was attended by some forty teachers. A number of remedial teachers and School Nurses also attended a day refresher course held at Blandford.

The County Remedial Organiser maintains a close liaison with the school medical officers, who refer children to these classes and who re-examine them at regular intervals.

SPECIAL CLINICS

If a child is found at school medical inspection or during attendance at a minor ailment clinic to be suffering from a defect requiring specialist advice and treatment he is referred either to the General Hospital or to the appropriate special clinic where the services of a specialist or qualified medical auxiliary are available. If the family doctor has indicated that he wishes such cases on his list to be referred to him in the first instance (and action has been taken to ascertain the wishes of the family doctors in this respect) the child is referred to him and the responsibility for making the necessary arrangements rests with him.

The special clinics were as follows:

Ophthalmic Clinic

"Torvaine", St. Peter's Road, Parkstone. Monday and Tuesday at 9.15 a.m.
Thursday at 2 p.m.

Child Guidance Clinic

Poole Clinic, 67 Market Street, Poole. Tuesday and Thursday at 2 p.m.

Speech Clinic

"Torvaine", St. Peter's Road, Parkstone. Friday at 10 a.m. and 2 p.m.
Herbert Carter School, Blandford Road, Hamworthy. Thursday at 10 a.m.
Henry Harbin School, Wimborne Road, Poole. Monday at 10 a.m. and 2 p.m.

Asthma Clinic

Branksome Clinic, Shillito Road, Parkstone. Monday at 2.30 p.m.

OPHTHALMIC AND ORTHOPTIC CLINICS

The Ophthalmic Specialist reports as follows:

"The number of children seen at the Eye Clinic during the year was 1,441, which is approximately the same as last year. 129 clinics were held with an average attendance of 12.1 per cent. These figures include 239 cases from districts outside Poole seen for the Dorset County Council.

"Spectacles were prescribed or lenses changed in existing spectacles in 833 cases. 78 cases were treated for minor inflammatory conditions or diseases of the eye, including congenital cataract, exudative choroiditis and primary optic atrophy.

"The Orthoptic Clinic made excellent progress during the year but the waiting list is still longer than one would like. There were 80 new cases and the total attendance was 1,332.

"Satisfactory progress has been made in reducing the number of cases waiting for operation, which is now much smaller than last year."

E. R. BOWES, M.B., B.S., D.O.M.S.

CHILD GUIDANCE CLINIC

The Consultant Children's Psychiatrist reports as follows:

"Since I took up duty as Consultant Psychiatrist at the beginning of April the child guidance service has been able to function on the usual full-team basis. Prior to that children were being seen by the Educational Psychologist and Psychiatric Social Worker but had to wait for the investigation to be completed by psychiatric examination.

"During the whole year 79 children have been seen at Poole Child Guidance Clinic for full investigation.

"Two regular sessions have been held each week; these were first held at the Herbert Carter Secondary Modern School, Hamworthy, but this proved unsatisfactory and the clinics are now being held at the School Clinic, Market Street, Poole. However, there is no accommodation there for the whole team and so the preliminary testing by the Educational Psychologist and the parent's history to the Psychiatric Social Worker is being done in different premises at Burlea Towers, Parkstone Road, Poole.

"One of the psychiatric sessions is normally devoted to diagnosis and further investigation and the other session being devoted to treatment.

"Although a good start has been made it is felt that the greatest lack at present is with regard to treatment facilities for the children and regular work with the parents for their guidance. Before this side of the work can be adequately developed more clinic sessions will be required and this is not possible until more adequate premises are secured.

"The child guidance team holds regular case conferences at the end of one of the clinic sessions at which all new cases are discussed and an appropriate line of action planned."

W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.

SPEECH CLINIC

The Speech Therapist reports as follows:

"During 1951, 96 children attended the speech clinics. Of these 24 were discharged as recovered or improved; 17 discontinued treatment for various reasons; 23 attended once only, for purposes of first examination or for follow-up of previous treatment; and 32 are still attending. The total number of attendances was 1,096.

"The large number of children attending for one session only, for examination and classification of defect, is due to the length of the list of children awaiting treatment, and the need to select those needing treatment most urgently.

"The clinics continue to be well attended, and this fact owes much to the co-operation and interest of all medical and educational staff."

M. J. BARTELS, L.C.S.T.

ASTHMA CLINIC

The weekly class for asthmatic children, commenced by the County Remedial Organiser in July 1950, has continued regularly and attendance has been very good. Since the clinic started, 30 children have attended and 20 have been discharged, having shown great improvement.

HANDICAPPED PUPILS

Handicapped Pupils are defined in the Handicapped Pupils and School Health Service Regulations, 1945, as pupils who require special educational treatment.

The several categories of pupils requiring special educational treatment are:

- | | |
|-----------------------|--|
| (a) Blind | (g) Educationally sub-normal |
| (b) Partially sighted | (h) Epileptic |
| (c) Deaf | (i) Maladjusted |
| (d) Partially deaf | (j) Physically handicapped |
| (e) Delicate | (k) Pupils suffering from speech defects |
| (f) Diabetic | |

Special educational treatment does not necessarily mean education in a special school. A large number of the less seriously handicapped pupils can be educated in ordinary schools under special arrangements. The more seriously handicapped require education in special schools, either day or boarding. There are no special day schools in the Poole area and boarding school accommodation throughout the country is greatly limited, especially for educationally sub-normal and maladjusted pupils. Consequently several years may elapse following examination and classification before an educationally sub-normal pupil is admitted to a suitable school.

Every blind, deaf, physically handicapped, epileptic or aphasic pupil must be educated in a special school, and in the case of a blind or epileptic child the school must be a boarding school.

A handicapped pupil of any other category may be educated in an ordinary school if special educational treatment suitable to his needs can be provided at such a school and provided also that his presence is not detrimental to the interests of the other pupils.

Details of the handicapped children examined and placed in the various categories during 1951 are as follows:

Blind	...	...	...	...	2
Partially sighted	...	...	...	...	Nil
Deaf	...	...	...	...	Nil
Partially deaf	...	...	...	...	Nil
Delicate	...	...	...	...	Nil
Diabetic	...	...	...	...	Nil
Educationally sub-normal	...	...	...	...	58
Epileptic	...	...	...	...	2
Maladjusted	...	...	...	...	7
Physically handicapped	...	...	...	...	3

Of the 58 educationally sub-normal pupils, 47 were recommended for special educational treatment in an ordinary school, 2 for admission to a special day school and 9 for admission to a special residential school.

In addition 7 children were examined and recommended for report to the Local Health Authority under Subsection 3 of Section 57 of the Education Act, 1944 and 4 under Section 57 (5) of the same Act.

7 other children were specially examined but were found to need no special educational treatment.

Handicapped pupils in special schools

	At the of 1950	Admitted during 1951	Discharged during 1951	No. at end of 1951
Blind	1	2	1	2
Partially sighted	1	—	1	—
Deaf	5	3	—	8
Partially Deaf	1	—	—	1
Delicate	—	—	—	—
Physically Handicapped	4	1	—	5
Educationally Sub-normal	6	8	2	12
Maladjusted	2	3	1	4
Epileptic	3	—	1	2
TOTAL	23	17	6	34

JUVENILE DELINQUENCY

During 1951, 162 school children appeared before the Juvenile Court, charged with various offences such as larceny, burglary, wilful damage, etc., excluding minor traffic offences. At the end of 1951 there were 26 children from the Borough in approved schools.

Juvenile delinquency remains a serious social problem and there can be no doubt that in a great many cases home environment plays the most important part. In recent years there has been a lowering of moral standards and a lack of parental example and control. The school health service, through the Child Guidance Clinic, and in suitable cases by treatment in special schools for maladjusted children, has an important part to play in dealing with these children. Good results however can only be obtained with the full co-operation of the parents. This is not always forthcoming and in such cases it would appear that the parents are as much in need of social re-adjustment as the children — this of course is outside the scope of the school health service.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following notifiable infectious diseases occurred in school children during the year. The incidence at all ages is shown for comparison. Comparable figures are also given for the year 1950.

Only 7 children from a school population of over 10,000 contracted poliomyelitis, compared with 5 the previous year and 17 in 1949.

There were no cases of diphtheria in any age group during the year.

Measles reached a peak in the first quarter of the year but no cases were notified during the last quarter.

	1950		1951	
	<i>School Children</i>	<i>All Ages</i>	<i>School Children</i>	<i>All Ages</i>
Haemolytic streptococcal infection—				
Scarlet Fever	29	43	11	18
Erysipelas	—	19	—	16
Measles	39	82	686	1469
Whooping Cough	183	449	124	390
Pneumonia	7	47	1	73
Poliomyelitis	5	13	7	8
Dysentery	1	4	4	7
Food Poisoning	1	10	1	6
TOTALS	265	667	834	1987

DIPHTHERIA IMMUNISATION

142 school children who had not been immunised in infancy received their first inoculations after entering school. 1,117 school children who had been previously immunised received "reinforcing" doses, which are recommended about every four years in order to keep the immunity at a high level.

Regular immunisation sessions are held at the various clinics in the Borough, but where possible special sessions are held at the schools in order that the ordinary school routine will be interrupted as little as possible.

The following table shows the number of school children and children under school age who were immunised during the year. The figures for the preceding four years are also given for comparison.

	1947	1948	1949	1950	1951
Number of children who were immunised for the first time—					
Under school age	1001	1128	792	1018	837
School Age	64	135	82	70	142
Number of school children who received a "Reinforcing" dose	1199	1633	1211	980	1117

SCABIES

A weekly clinic for the treatment of scabies is held at the Cleansing Centre, Burlea Towers, Parkstone Road, Poole. Patients are referred either by their own doctors or by the School Medical Officers and attend by appointment. During 1951, 16 school children attended for treatment. It was necessary for some of these children to attend several times, and altogether 33 attendances were made.

HEAD INFESTATION

Treatment of persistent or severe head infestation is carried out at the Cleansing Centre. During 1951, 117 school children were treated, total attendances being 191.

CO-OPERATION WITH THE EDUCATION DEPARTMENT

Close co-operation exists between the School Health Service and the Special Services Section of the Education Department. In addition most of the Head Teachers have shown a keen interest in the health of the pupils under their care and have been most helpful in making arrangements for medical inspections.

There is also close liaison with the School Attendance Officers, who frequently bring to the notice of the School Medical Officer cases of prolonged or frequent absence due to illness.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

This important voluntary organisation through its local inspector keeps in close touch with the School Medical Officer's Department. The Society deals with cases of child neglect and is frequently most helpful in persuading disinterested or neglectful parents to have essential treatment carried out where this has been recommended by the School Medical Officer. The fact that comparatively few cases reach the stage of prosecution reflects great credit on the tact and powers of persuasion of the local inspector.

PROVISION OF SCHOOL MEALS AND MILK

On an average day in February 1951, 52.2 per cent. of Grammar School Children, 76.1 per cent. of Secondary Modern School children, and 89.7 per cent. of Primary School children took their daily allowance of milk. The allowance is one-third of a pint per scholar per day.

During 1951 the daily average number of mid-day meals provided was 5,141. In certain cases of financial hardship meals were provided free of charge. The number of free meals provided during the year was 60,406.

MEDICAL EXAMINATIONS FOR SUPERANNUATION AND FITNESS FOR APPOINTMENT

During the year 50 medical examinations of teachers and others were carried out by the school medical staff.

REPORT OF THE SENIOR DENTAL OFFICER FOR 1951

"During the year 1951 there were no changes in the dental staff, which consisted of three dental officers and three dental attendants, with one part-time oral hygienist. X-ray equipment has been installed, with facilities for the necessary dark-room processing, so that this work need no longer be sent out to private practitioners. The orthodontic service provided by the Bournemouth and East Dorset Hospital Management Committee has proved of great value, and parents have appreciated the arrangements made for consulting a specialist in this type of work. Straightforward cases which can be completed in a reasonable time are handled by the dental officers, the consultant's advice being always available if required.

"There was an improvement in 1951 in the number of children inspected and treated, and some of the ground lost in 1949 has been recovered; it appears however that some time must elapse before the objective of a regular annual inspection of every child is reached."

W. K. RIMMER, *L.D.S., D.D.S.*

Dental Inspection and Treatment

(1) Number of pupils inspected:				
(a) Periodic age-groups	...	...	6,446	
(b) Specials	...	...	201	
(c) Total	...	...	6,647	
(2) Referred for treatment	...	...	3,549	
(3) Actually treated	...	...	2,913	
(4) Attendances for treatment	...	...	6,627	
(5) Half-days devoted to:				
(a) Inspection	...	...	74	
(b) Treatment	...	...	1,051	
(6) Fillings:				
Permanent teeth	...	...	3,887	
Temporary teeth	...	...	176	
(7) Extractions:				
Permanent teeth	...	...	980	
Temporary teeth	...	...	3,638	
(8) General anaesthetics	...	...	1,799	
(9) Other operations:				
Permanent teeth	...	...	3,632	
Temporary teeth	...	...	111	
<hr/>				
Local anaesthetics	...	...	1,482	
Regulation appliances	...	...	9	
Dentures	...	...	21	

HYGIENE AND SANITATION OF SCHOOL PREMISES

Generally speaking the sanitary circumstances of the schools in the Borough are satisfactory. All schools are provided with main water supplies; washing facilities are fairly satisfactory and conveniences are provided with modern pedestal wash-down water closets and reasonably satisfactory urinals. All schools are provided with modern drainage systems connected to the public sewer.

Inspection of the sanitary conditions in schools is part of the routine duties of the Sanitary Inspectors, and during 1951 they made 77 inspections of the school premises. All sanitary conveniences were regularly inspected and any defects or lack of cleanliness attended to where found and whitewashing carried out where necessary. During the summer holidays drainage systems were inspected and flushed out and any defects found reported to the Borough Engineer for attention.

The disinfection of classrooms is carried out at all schools during the holiday periods as a matter of routine. Disinfection is also carried out as a normal procedure whenever two or three cases of infectious disease occur among the pupils in any one class.

During inspections particular attention was paid by the Sanitary Inspectors to the standard of hygiene in school kitchens and the attention of the staff persistently drawn to the importance of cleanliness of the hands of persons handling food or food utensils. Copies of the Council's Clean Food By-laws were sent to every school canteen and during the Christmas vacation every member of the canteen staff attended a special half-day course on food hygiene during which talks were given on Food Poisoning, Food Hygiene and Clean Food By-laws. The talks were illustrated by films and film strips, including the full length film "Serving Dinner in School". Close liaison has been established between the School Meals Service Supervisor and the Sanitary Inspectors and any doubtful foods are promptly referred to the Sanitary Inspectors for inspection. All milk supplied to schools is pasteurised and samples are taken regularly both for bacteriological examination and chemical analysis.

APPENDIX

Personal Health Services in the Borough of Poole

With the coming into operation of the National Health Service Act, 1946, the Personal Health Services, which were formerly carried out by the Poole Borough Council, passed on the 5th July, 1948, to the Dorset County Council as the Local Health Authority. The Annual Report of the County Medical Officer, Dorset, deals with these services throughout the County and includes the statistics relating to the Poole area. As, however, for the past 30 years the Medical Officer of Health, Poole, has given details of these services in his Annual Report, the following statistics relating to the Personal Health Services are included to preserve continuity of records.

The Local Health Authority is responsible for the following Health Services which are personal as distinct from the environmental :—

Health Centres (Section 21)	Care of Mothers and Young
Midwifery (Section 23)	Children (Section 22)
Health Visiting (Section 24)	Home Nursing (Section 25)
Vaccination and Immunisation	Ambulance Services (Section 27)
Section 26)	Domestic Help Service (Section
Prevention of Illness, Care and	29)
After-Care (Section 28)	

Of these, the care of mothers and young children, midwifery, health visiting, immunisation, ambulance and the domestic help service had been, prior to the 5th July, the responsibility of the Borough of Poole. On the appointed day a Sub-Committee of the Dorset County Council, known as the Poole Area Health Sub-Committee, was set up, and to it were delegated by the County Council the day-to-day administration of the Care of Mothers and Young Children, Midwifery, Health Visiting, and Domestic Help, the County retaining responsibility in respect of the non-delegated services :—Health Centres, Home Nursing, Vaccination and Immunisation, Ambulance, Prevention of Illness, Care and After-care. The Poole Area Medical Officer works in close co-operation with the County Medical Officer in respect of the non-delegated services.

In passing it may be noted that Poole can claim with justification and satisfaction that it was one of the pioneers in child welfare work, as it was here that one of the first child welfare clinics in the country began. About the year 1908 the "Poole Mothers' Association" was formed. This became known in 1914 as the "Poole School for Mothers", and later took the title of the "Poole Maternity and Child Welfare Voluntary Association". This voluntary association was absorbed into the Poole Child Welfare Services at the end of 1945 and on the 5th July, 1948, these services passed to the Dorset County Council.

STATISTICS

Care of Mothers and Young Children

There are 12 Child Welfare Clinics in the borough and during 1951, 2,610 children made 13,936 attendances. Of these attendances 8,534 children were under 1 year and 5,402 were between 1 and 5 years.

Dental Treatment

The dental treatment provided for expectant and nursing mothers and young children during 1951 is shown in the tables below. Poole Area now has a dental X-ray apparatus and the necessary facilities for this work. Arrangements for the supply of dentures have not been changed, the mechanical work on these being done by a technician who works for the profession in general.

(a) Numbers provided with dental care:

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and nursing mothers	99	94	76	48
Children under five ...	176	129	127	116

(b) Forms of dental treatment provided:

	<i>Extractions</i>	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scalings or Scaling and Gum treatment</i>	<i>Silver Nitrate treatment</i>	<i>Dressings</i>	<i>Radiographs</i>	<i>Dentures provided</i>	
		<i>Local</i>	<i>Gen.</i>						<i>Com- plete</i>	<i>Par- tial</i>
Expectant and Nursing mothers	108	63	—	96	13	—	30	—	5	12
Children under five	204	13	115	52	1	—	3	—		

Midwifery

During 1951, there were 10 domiciliary midwives employed in Poole by the Dorset County Council, being under the direction of the Poole Area Supervisor of Midwives. There were also 4 private midwives and 15 institutional midwives, a total of 29. There were 1,253 confinements in the borough; of these 593 were attended by the domiciliary midwives. There were 348 confinements in Poole General Hospital.

Ante-natal and Post-natal Clinics

The Ante-natal Clinic is held once a week at Old Town and Branksome Clinics and a Post-natal Clinic is held once a fortnight at Old Town and Branksome Clinics. The number of patients who attended these during the year is as follows:—

<i>Clinic</i>	<i>Ante-Natal</i>		<i>Post-Natal</i>	
	<i>1st Attend.</i>	<i>Total</i>	<i>1st Attend.</i>	<i>Total</i>
Old Town	53	211	14	22
Branksome	81	273	12	12
Total	134	484	26	34

720 patients attended the Ante-natal Clinic at Poole General Hospital, making a total of 3,311 attendances. 274 women attended this Post-natal Clinic, making 322 attendances.

Midwives' Acts, 1902-1936

The following table shows the progress in the reduction of maternal mortality, stillbirths, and infantile mortality during the past 10 years.

Year	Total live Births	Stillbirths	Domiciliary Births		Institutional Births	Medical Aid Summonses	Maternal Deaths	Total Deaths of Infants under 1 year
			Midwives	Maternity Nurses				
1939	1045	24	498	300	247	73	3	41
1940	1046	45	472	276	298	68	4	54
1941	1082	36	418	248	416	48	3	56
1942	1265	45	532	266	467	42	2	58
1943	1178	31	394	233	551	45	4	43
1944	1327	37	486	344	497	34	—	50
1945	1298	33	425	307	566	28	2	68
1946	1541	45	491	346	704	46	4	54
1947	1667	30	661	391	615	69	—	37
1948	1326	29	372	344	610	87	—	40
1949	1273	22	240	397	658	42	1	24
1950	1231	27	280	293	685	32	1	27
1951	1235	18	379	214	642	12	2	39

Maternal Mortality

There were 2 maternal deaths in the borough during the year.

Infantile Mortality

There were 1,235 live births and 39 deaths of infants under 1 year, giving an infantile mortality rate of 31.57.

Ophthalmia Neonatorum

There were 4 cases of ophthalmia neonatorum during 1951. There was no impairment of vision.

Contraception

75 women attended this clinic during the year and were given advice and instruction in accordance with Ministry of Health Circular 1408 of 1934. 431 attendances were made.

Immunisation and Vaccination

During the year 867 children under 5 were immunised against diphtheria. Of these, 73 were under one year and 712 between 1 and 2 years. 942 re-inforcing doses were given to children who had been previously immunised. 388 pre-school children were vaccinated during 1951.

Health Visiting

During 1951, there were 9 Health Visitors and 1 Superintendent Health Visitor. The following domiciliary visits were paid to expectant mothers and children under 5 years:—

First Visits to Expectant Mothers	...	...	200
Total Visits to Expectant Mothers	...	...	277
First Visits to children under 1	...	...	1207
Total Visits to children under 1	...	...	6381
First Visits to children 1-5 years	...	...	14
Total Visits to children 1-5 years	...	...	11300

Ambulance Service

The staff of the Poole Area Ambulance Service during 1951 was one supervisor, one deputy supervisor and eleven driver-attendants. Four first-line ambulances, three second-line ambulances and two sitting cars were in operation. The number of journeys covered was 9,361 and the total mileage travelled was 99,895.

Domestic Help Service

During the year the Poole Area Domestic Help Organiser supplied help to 155 women, 31 domestic helps being employed.

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